

MASS. HS30.1002: AC 46

V



Achieving Smoke Free Schools For Massachusetts A Comprehensive Approach



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
MAY 18 1992
DIVISION OF NON-SMOKING
DISSEMINATION

Office for Nonsmoking and Health
Massachusetts Department of Public Health

921/220

**Achieving Smoke Free Schools
For Massachusetts
A Comprehensive Approach**

Project Coordinator, Martha C. Wood, MBA Assistant Director
Revised by Carole A. Roy, RDH

Office for Nonsmoking and Health
Massachusetts Department of Public Health



Digitized by the Internet Archive
in 2014

<https://archive.org/details/achievingSmokefr00mass>

Table of Contents

Introduction

Towards Massachusetts Smoke-Free Schools Conference Summary	1
Curriculum Overview	3
Developing Resistance Skills	3
Peer Leadership	3
Developing a Local Policy	4
Responding to Youths Who Engage in Smoking Behavior	4
Cessation Programs	5
10 Reasons for Tobacco-Free Schools	6
Massachusetts Law: Smoking and Schools	7
Clean Indoor Air Law: How it Relates to Schools	9
Student No Smoking Law	10
Massachusetts Interscholastic Athletic Association	11
Generic Policy	12
Sample Policies	
Boston Public Schools Policy	14
Quincy Public Schools Policy	17
Westford Public Schools	20
Holyoke Public Schools	21
Cessation	23
Need for Curriculum at Each Grade Level	23
Cigarettes as Gateway Drug	24
Resources	
Smoking Curricula/Print Material for Youth	25
Smoking Videos	27
Smokeless Tobacco Curricula	32
Smokeless Tobacco Videos	34
Other Smokeless Tobacco Print Materials	35
Smoking Cessation Programs	36
Youth Cessation Programs	40
Smoking and Youth (Fact Sheet)	44
High School Tobacco Use	46
Secondhand Smoke (Fact Sheet)	47
Primary Prevention Centers	49
Massachusetts Governor's Alliance Against Drugs	55



Introduction

The prevention of smoking among children must be the principal goal in seeking to achieve a smoke-free society. Prevention includes eliminating the initial development of tobacco use and cutting short its development.

Tobacco use is not just a recreational pursuit or bad habit, but an addiction to nicotine and needs to be viewed in the same light as dependence on other addictive drugs. Between one-third and one-half of those who experiment with tobacco will become chronic users. Teens in Massachusetts who smoke report that they began smoking, on average, by age 10. Typically, nicotine addiction develops over a period of several years, from late childhood to early or mid-adolescence and results in many persons smoking all their lives, even though most teenagers who smoke want to quit.

While the use of illicit drugs is declining in Massachusetts, the smoking rate remains of epidemic proportions among our young people. Young females appear to be at special risk, with their prevalence rates being 50% higher than that for young males. However young males are using smokeless tobacco in increasing numbers. Youth at risk for other problem behaviors, such as drug use and early sexual experimentation, are also at risk for tobacco use. Efforts to integrate these youths into the existing social service and prevention programs serving adolescents should be reviewed and tobacco education included where possible.

Prevention can be furthered through integrating tobacco education into the curriculum beginning in kindergarten or first grade and reinforcing it every year. Available curricula and videotapes are listed in this handbook.

Prevention can also be influenced by the visible example of the adults around young people, particularly teachers. It is important to involve parents and other community agencies and programs in this effort.

Another method for smoking prevention is the positive support for, and enforcement of, state law which prohibits sale of tobacco to persons under age 18 the use of tobacco products by students in school or on school grounds during normal school hours and other laws which limit smoking, if allowed, to private offices or designated areas.

A national poll conducted by the National School Boards Association in 1986 found half (47%) of the school districts which responded had banned student smoking in school buildings, on school grounds and at school-sponsored functions. The health hazards of smoking were cited as the impetus for the smoking prohibition by 72% of those responding. Problems with smoking behavior was cited by 42% and state or local laws or regulations was cited by 35%. One third of the school districts rated student compliance with the smoking prohibition as excellent, 52% rated it as good while only 13% rated it as fair and 1% as bad.

Included within this handbook are sample policies to assist school committees in developing an effective, positive policy tailored to the local school system.

Massachusetts Department of Public Health
Office for Nonsmoking and Health
June, 1989/Revised June 1991

1900				1901			
Jan	1	2	3	Jan	1	2	3
Feb	4	5	6	Feb	7	8	9
Mar	10	11	12	Mar	13	14	15
Apr	16	17	18	Apr	19	20	21
May	22	23	24	May	25	26	27
Jun	28	29	30	Jun	31		
Jul				Jul			
Aug				Aug			
Sep				Sep			
Oct				Oct			
Nov				Nov			
Dec				Dec			

Towards Massachusetts Smoke-Free Schools Conference Summary

Educators and health professionals from across the state interested in the issue of tobacco use came together May 1, 1989, at the Towards Massachusetts Smoke-Free Schools conference. Discussion focused school policy, tobacco cessation programs and tobacco use prevention programs.

The average age when both boys and girls in Massachusetts first try smoking is 10, stressed Deborah Prothrow-Stith, M.D., Massachusetts Commissioner of Public Health. A 1987 Massachusetts study showed that girls consistently are more likely to smoke than boys even at the sixth grade level. Nationwide young women are more likely to smoke than young men. Unfortunately, the younger a person is when she or he starts smoking, the more likely that individual is to become addicted to nicotine.

There are certain predictors for determining which youths are most likely to smoke, the Commissioner said. Potent role models such as parents, older siblings and teachers, exert an influence on the values and actions of young people. Those adult role models who do smoke are essentially promoting and sanctioning nicotine addiction. Three-quarters of the young people who smoke come from families where one or both parents smoke. Another influence, that of close friends, may be a primary reason for smoking initiation. Also, the lower a student's self-esteem, the more it is likely that he/she will be a smoker.

John Doherty, Jr., Executive Director, Governor's Alliance Against Drugs, pointed out that since the Alliance was established in 1984 to focus on using school programs to prevent alcohol and drug abuse, the use of illegal drugs such as cocaine and marijuana has decreased, but the use of the two legal drugs -- tobacco and alcohol -- has remained strong. These two legal drugs are the killers in society. tobacco education and prevention programs may be funded as part of the grants school systems receive from the Alliance.

During a panel presentation opening the conference, Thomas J. Cullen, M. Ed., Superintendent, Blackstone-Millville Regional School District, stressed that the baseline for preventing smoking among young people is quality curriculum at an early grade level. He stressed that the place young people smoke in school buildings is also often the place they use drugs -- in the lavatories. These must be made clean and safe, which may require hiring a monitor even in this time of restrictive budgets. Policies developed for responding to youths found to be smoking must be positive rather than punitive.

William Allard, Ed. D., Superintendent, Westfield Public Schools, and former smoker himself, stressed that policy issues are never easy. The major stumbling block in reaching the goal of smoke-free schools will be the members of the staff. Staff members are role models for students, yet many members of the staff began smoking at a time when it was socially "in" to smoke. There must be sensitivity shown so that staff members do not become hostile to each other. Faculty members and other staff who are not concerned about smoking also make it difficult to enforce nonsmoking regulations. A major issue with prohibiting student smoking in schools or on school grounds is who will regulate and enforce the law.

Michael S. Rosati, M.S., M. Ed., Department of Education, Brown University, pointed out that if educators want curriculum to change behavior, they must first look at the individual student and that student's school, home, social and work environments. A study reported in the April, 1989, issue of Nation's Health reported that one out of three high school students don't associate any great risk with smoking. A study of 2,000 Massachusetts students found a correlation between youth smoking and parental smoking. If a parent smoked, half of the students smoked. If parents did not smoke, only one quarter of the youths smoked. School curricula need to address peer influences, media influences and resistance skills to both. Educators need to examine how an individual functions in a school, home and social environment. Too often curricula is not evaluated before it is disseminated. Tobacco education needs to start in kindergarten, before youths are feeling a lot of peer pressure and before they are aware of their parents' attitudes. Teachers need to work as a team on tobacco related issues, crossing specific curricula discipline lines. Persons implementing tobacco use prevention curricula need to be supported with funding and training -- and as individuals.

Marie Campobasso, Counselor, Andover High School, and an ex-smoker, implemented a smoking cessation program for faculty and students after Andover initiated a student no smoking policy in September, 1988. The program, based on the American Cancer Society's Fresh Start program, looks at why an individual smokes, how smoking affects an individual and cessation techniques. Students found smoking are offered the choice of detention or the cessation program. Ninety percent chose cessation. However, if a student misses the first session, the student is sent to detention. Campobosso emphasized that only those who sincerely want to quit are successful. The power of positive thinking is important in quitting. Those trying to quit should be encouraged to spend time with nonsmokers. There have been between five and seven students in each of the school's cessation programs.

HIGHLIGHTS OF BREAKOUT SESSIONS

CURRICULUM OVERVIEW

- Schools should have a comprehensive health promotion program in order that tobacco education is integrated into the curriculum and not displaced by whatever becomes the "in" issue.
- Tobacco prevention programs can be built on the risk factors for illicit drug use.
- Tobacco prevention programs need to be in place by kindergarten or first grade.
- Parental involvement should be encouraged in non-traditional ways, in addition to parent meetings. For example, educators could use the community media, using short, well done material. Students could be enlisted in developing ways that will, in turn, involve parents.
- School administrators must support the nonsmoking policy and curriculum, because without this support the material will be wasted.

DEVELOPING RESISTANCE SKILLS

- Use older students as peers for younger students to develop resistance skills. Students have their own perspective which is important to incorporate.
- Look at the nature of adolescents and the nature of addiction in planning a program. Young people do not look beyond the immediacy of today. For adolescents, there is strength in numbers for deciding to do or not to do something. They start with an external locus of control.
- Students must be shown that they have control over their own decisions and they need not be influenced by outside pressures. Giving students the choice gives them empowerment. Self-esteem is the foundation for resistance.
- Realize that in some youth environments, students will be admired by their peers by doing the exact opposite of the norm.
- Adolescents often do the opposite of their parents, except when it comes to smoking. However, in smoking, they are modeling their parents' behavior, not their parents' values.
- Building resistance skills is most effective if a comprehensive model is used including community effort. Parents, church, community groups and media, as well as all school personnel, need to be involved.

PEER LEADERSHIP

- Peer leadership is a programmatic method of allowing energy to reach others. Peer leaders become trend setters, thus allowing other youths to feel they can make changes within themselves and others.
- Key components of peer leader programs:
- Interested adults who are committed to working with youth and at the same time are willing to let go at the appropriate time.
- Support of school administration.
- Youth participation which includes different segments of the school population.
- Peer groups which have been effective in smoking prevention have used role playing, presentations on cable television and visits to middle and elementary schools.

DEVELOPING A LOCAL POLICY

- Massachusetts state law (M.G.L. C.71, SEC. 2A) prohibits the use of tobacco products by students enrolled in public schools, in schools or on school grounds as of September 1, 1989. Faculty and staff can still smoke in designated areas thus creating a difficult dual situation.
- Local school systems have the legal authority to become entirely nonsmoking, but a school committee should work closely with all unions involved in developing nonsmoking policies.
- By state law, (M.G.L. C.270, SEC. 21) signs must be placed at all entrances to buildings indicating no smoking is allowed or that there is no smoking except in designated areas. Appropriate signs should be placed throughout the interior of the buildings.
- For a local policy to be effective, school administration and teachers must perceive smoking to be a serious problem.

RESPONDING TO YOUTHS WHO ENGAGE IN SMOKING BEHAVIOR

- Schools need to send a consistent message to students. Part of this message involves the issue of allowing faculty and staff to smoke.
- Positive approaches must be used as to how to respond when youths smoke within school property. Suspension and detention do not change a student's use of tobacco or address the addictive behavior.
- If there has been a space, either indoors or outside, which was formerly used by students as a smoking area, it needs both a new name and a specific new use.
- Evaluate the length of time between classes and for lunch period to assure this does not encourage students to fill "dead" time by participating in inappropriate behavior, such as using tobacco products.
- Youths found smoking could be offered a chance to be away from their normal environment and involved in a smoke-free environment such as a camping trip.
- Offer students who want to quit smoking a smoking cessation program preferably during school hours. A smoking cessation program which includes exercise can be one choice to fulfill physical education requirements.
- Use "in-house" adult ex-smokers who are role models for students as special speakers. Urge them to begin: "I am a recovering drug addict because nicotine is a drug."
- Policy must be realistic and respect the difficulty of quitting smoking.
- Consider involving parents.
- Consider policies that involve students found smoking with doing something constructive and positive, not just sitting in a darkened room watching an educational videotape.

CESSATION PROGRAMS

- Youth cessation programs have been developed by the American Cancer Society, American Lung Association and the Pathways Prevention Center of Southeastern Massachusetts using the peer counseling method and by the American Cancer Society using an adult-led model. [1991 edit].
- Any program should be positive and fun.
- Cessation can not be successful when it is forced upon a smoker. The smoker must want to stop smoking. A cessation program should not be used as a disciplinary program; it should be offered as an alternative.
- Peer leadership can be successfully used with youth cessation.
- For a cessation program to be successful, it needs components for those who relapse. Most persons, adult or youth, who are trying to stop smoking will make multiple attempts before they are successful.
- Cessation programs may include sections on stress management and weight control.
- Any cessation method used should involve some behavior modification techniques.

10 REASONS FOR TOBACCO-FREE SCHOOLS

Drug-free Schools are Tobacco-free Schools

1. The Congressional Commission on Drug-Free Schools recommends that our nation's schools be entirely smokefree.
2. Secondhand smoke causes cancer. A teacher's lounge is generally too small and not adequately ventilated to protect healthy teachers from breathing secondhand smoke. Children are particularly endangered by exposure to secondhand smoke.
3. Tobacco addiction kills 390,000 Americans every year; more than heroin addiction, cocaine addiction, and all other drug addictions combined.
4. Fifty percent of all smokers begin using cigarettes by age 14. They start, in part, because they associate smoking with being grown up. They continue smoking as adults because they are addicted.
5. Tobacco addiction is the #1 gateway to other drug addiction.
6. When students are prohibited from smoking but not teachers, students respond, "If it's so bad for us, why do you let them do it?" This is the wrong message to give students.
7. Teachers and school administrators provide children with their most effective adult role models outside the home. It is inconsistent to teach about the dangers of tobacco addiction in the classroom and then have teachers and school administrators use cigarettes on school property after the lesson is over.
8. There is zero tolerance for alcohol use on school property because school property is an inappropriate place for drinking. School property after the lesson is over.
9. New Jersey, New Hampshire, Kansas, Utah, Wisconsin, and Washington states have passed smokefree schools legislation. Los Angeles and many other cities have passed smokefree schools legislation.
10. Thirty-eight percent of businesses are smokefree. Public schools should be leaders in public health, not followers.

WARNING: Secondhand smoke causes disease, including lung cancer.

Source: Smokefree Educational Services, Inc.
375 South End Avenue, Suite 32F, New York, NY 10280

Massachusetts Laws: Smoking and Schools

M.G.L. C. 71, SEC. 2A. -- PROHIBITING THE USE OF TOBACCO IN THE PUBLIC SCHOOLS

It shall be unlawful for any student, enrolled in either primary or secondary public schools in the commonwealth, to use tobacco products of any type on school grounds during normal school hours.

Each school committee shall establish a policy dealing with students who violate this law. This policy may include, but not be limited to, mandatory education classes on the hazards of tobacco use. (This act shall take effect September first, nineteen hundred and eighty-nine.)

[Created by St. 1987, c. 641.]

M.G.L. C. 90, SEC. 7B(10). -- SCHOOL BUSES

No person shall smoke or consume alcoholic beverages on a school bus while such bus is being used to transport school pupils.

[Created by St. 1932, c. 271; Amended by St. 1976, c. 552.]

M.G.L. C. 270, SEC. 21 and 22. -- PUBLIC PLACES

Section 21. As used in this section and section twenty-two the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Smoking," the lighting of any cigar, cigarette, pipe or other tobacco product or having the possession of any lighted cigar, cigarette, pipe or other tobacco product.

"Public building," any enclosed, indoor area that is located in a building owned or occupied by any department or agency of the commonwealth, or any political subdivision thereof.

Section 22. No persons shall smoke in any public elevator, supermarket or retail food outlet, in or upon any public mass transit conveyances or indoor platform or enclosed outdoor platform, at any open meeting of a governmental body as defined in section eleven A of chapter thirty A, section twenty-three A of chapter thirty-nine and section nine F of chapter thirty-four or in any courtroom. The owner, manager or other person in charge of such a facility, building or vehicle or place as herein described in this paragraph shall post conspicuously a notice at each entrance indicating that smoking is prohibited therein.

No person shall smoke in any courthouse, school, college, university, museum, library, train, airplane, waiting area of an airport, waiting area of a health care facility as defined in section nine C of chapter one hundred and twelve, group child care center, school-aged day care center, or family day care center or on any premises where activities are licensed under section thirty-eight of chapter ten, except beano, or in any public building, except in an area which has specifically been designated as a smoking area. An area shall be designated as a smoking area only if nonsmoking areas of sufficient size and capacity are available to accommodate nonsmokers.

Any person admitted to a health care facility as defined in said section nine C of said chapter one hundred and twelve shall, upon request, be assigned a room in which smoking is not permitted and shall be entitled to be assigned to such room for the duration of his stay or until an alternative assignment is requested.

No person shall smoke in any restaurant with a seating capacity of seventy-five or more persons, except in an area which has been specifically designated as a smoking area. In such case, smoking may be permitted in an area or areas that have been specifically designated by notice or sign, only if nonsmoking areas of sufficient size and capacity are available to accommodate nonsmokers. Smoking

and nonsmoking areas in any restaurant need not be separated by walls, partitions or other physical barriers; provided, however, that nonsmoking areas in any part of a restaurant, as provided herein, shall be no less than two hundred square feet of floor space.

The owner, manager or other person in charge of a facility, building, vehicle or place described in the second and third paragraphs shall post conspicuously such notices or signs at each entrance indicating that smoking is prohibited therein except in specifically designated areas, and shall post conspicuously such notice or signs indicating which is the no smoking area and which is the smoking area.

Any person aggrieved by the willful failure or refusal to comply with any of the provisions of this section may complain in writing to the local health officer in the case of a restaurant, supermarket or retail food outlet, or to the local building inspector in the case of all other facilities described in this section. Said authority shall respond in writing within fifteen days to the complainant that he has inspected the area described in the complaint and has enforced the provisions of this section. Said authority shall file a copy of the original complaint and his response thereto with the department of public health.

Any person aggrieved by the willful failure or refusal to comply with any provisions of this section in any public building may complain in writing to the head of such department or agency occupying the area wherein such violation occurs. Such agency or department head shall respond, in writing, within fifteen days to the complainant that he has inspected the area described in the complaint and has enforced the provisions of this section. Said agency or department head shall file a copy of the original complaint and his response thereto with the department of public health.

Nothing in this section shall prohibit smoking in a completely enclosed private office used by an individual within a facility, public building, vehicle or place described in the first, second and third paragraphs.

[Portions in existence by 1975; last amended by St. 1987, c. 759, sec.3 and by St. 1990, c. 86.]

The Clean Indoor Air Law: How it Relates to Schools

The so-called Clean Indoor Air Law, MGL C. 270, Sec. 22 states that "no person shall smoke in any... school... except in an area which has specifically been designated as a smoking area. An area shall be designated as a smoking area only if nonsmoking areas of sufficient size and capacity are available to accommodate nonsmokers.

"The... person in charge of the... building... shall post conspicuously such notices or signs at each entrance indicating that smoking is prohibited therein except in specifically designated areas, and shall post conspicuously such notice or signs indicating which is the no smoking area and which is the smoking area."

Smoking is allowed in a completely enclosed private office occupied by "an individual."

At the time the law went into effect (April 1988), material sent to school systems included the following questions and answers:

Q. Does the law supersede stricter municipal regulations concerning smoking?

A. No.

Q. Does the Clean Indoor Air Law affect private as well as public schools?

A. Yes.

Q. Does the law require that a smoking area be designated?

A. No, a smoking area is not required. The person or board responsible for policies can make an entire building nonsmoking.

Q. In places covered by the law, is smoking prohibited in traffic areas such as hallways, corridors and waiting lines?

A. Yes. The Department of Public Health interprets the law to prohibit smoking in these areas.

Q. What areas would be deemed appropriate as designated smoking areas?

A. An area may be designated as a smoking area only if there is also a nonsmoking area for that same purpose. In other words, a teachers' lounge may be designated for smoking only if there is also a nonsmoking teachers' lounge. Restrooms can be designated as smoking areas only if there are also nonsmoking restrooms.

In response to questions since the law went into effect, the Department has stated it interprets the law to require that nonsmokers be afforded an area which is large enough in size to accommodate them and which has the capacity to accommodate the same usage or activity as the area provided for smokers. When asked if portions of a room could be designated for smokers and another portion for nonsmokers, the Department replied that unless the designated portion of the room can truly accommodate nonsmokers in those functions normally undertaken in that room, is not an appropriate solution. If the designation of smoking and nonsmoking areas within the same room does not provide a completely smoke free environment for nonsmokers, it is not in compliance with the Clean Indoor Air Law.

The 1986 Surgeon General's report stated: "The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke."

The law does not allow smoking in a room, hall, auditorium or other place in a school building after school hours or when classroom space is being used for nonschool activities.

For further information, call the office for Nonsmoking and Health, Massachusetts Department of Public Health (617) 727-0732.

Student No Smoking Law

The state law (M.G.L. C.71, SEC. 2A) requires that all school committees have in place a written policy for violations of the state law prohibiting students enrolled in Massachusetts public schools from using tobacco products in school buildings or on school grounds. Although smoking cessation and health education are vital components of a school's plan to eliminate the use of tobacco, neither should be used as a penalty for violating the law. Should an attempt be made to use them as a penalty, they would almost certainly fail. However, mere suspension or detention has not proved effective.

In an attempt to assist school committees in developing or strengthening existing tobacco prohibition policies, the Department of Public Health is offering a generic policy and samples of policies developed and currently in use by Massachusetts schools. These are offered as a "jumping off point" to encourage creativity. Obviously, each school committee must look within its own community for resources specific to that school district.

Massachusetts Interscholastic Athletic Association

Rule #14 - CHEMICAL HEALTH RULE

During the season of practice or play, a student shall not, regardless of the quantity, use or consume, posses, buy/sell or give away any tobacco products; any beverage containing alcohol; marijuana; steroids, or any controlled substance. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor.

MINIMUM PENALTIES AND RECOMMENDATIONS FOR ATHLETIC ACTIVITIES FIRST VIOLATION:

Penalty - When the Principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next two (2) consecutive interscholastic events, or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program, although such participation is recommended. It is expected that the student be allowed to remain at practice for the purpose of rehabilitation.

SECOND AND SUBSEQUENT VIOLATIONS:

Penalty - When the Principal confirms, following an opportunity for student to be heard, that a violation occurred, the student shall lose eligibility for the next twelve (12) consecutive interscholastic events or twelve (12) consecutive weeks, whichever is greater, in which the student is a participant.

If after the second or subsequent violation the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in the MIAA activities after a minimum period of six (6) weeks. Such certification must be issued by the doctor or a counselor of a chemical dependency treatment center.

Penalties shall be cumulative each academic year but a penalty period will extend into the next academic year.

Revised August 1989

For more information contact MIAA at (508) 478-5641.

Generic School Policy

Prohibition of Students Smoking and/or Tobacco Use

A. Smoking Prohibited

Students shall not smoke or use tobacco products at school, on a school bus, at any school-related activity on school grounds during normal school hours or at off site school-sponsored activities.

B. Policy Implementation

1. The tobacco policy shall be contained in the Student Handbook and placed on file with the Massachusetts Commissioner of Education as required by M.G.L. C.71, SEC. 37H. Annually, students and school employees shall be informed of the tobacco prohibition at an all-school assembly.
2. The school system shall offer smoking cessation clinics for students during each marking period.
3. At each grade level the comprehensive health education curriculum shall include the hazards of tobacco use and yet maintain an overall emphasis on healthy choices/health promotion for students.
4. All school buildings, either rented or owned by the school system, shall have signs posted at all entrances and throughout the building that smoking is prohibited by students.

C. Penalties for Violation

1. Any student who allegedly violates this policy must receive appropriate due process.
2. First offense -- A one-hour detention after school on the day of the violation shall take place and the student's parent, guardian or custodian called immediately to invite this person(s) to schedule a conference to discuss the violation. During detention the student shall be provided with information concerning the effects of tobacco use and shall write a 250-word report based on this information during the detention. This report shall be presented orally in a class within seven school days. The student shall not be allowed to participate in any extra curricular activity for one week from the date of the violation. As an alternative to detention, the student may opt for participating in a smoking cessation program.
3. Second offense -- The student shall research within seven school days various tobacco education programs as well as all smoking cessation resources with the community. As part of this project, the student shall obtain printed materials related to tobacco use and smoking cessation. The student, the student's parent, guardian or custodian and a school counselor shall meet together within ten school days of the violation, but after the student has completed the research, to discuss options and agree on a plan for solving the student's smoking behavior and any related problems. The student shall not be allowed to participate in any extra curricular activity for two weeks from the date of the violation.

4. Third offense -- The student shall appear before a panel of students. (Options may include, but not be limited to, student council, peer leadership group or a classroom.) This panel of students shall determine appropriate service to the school or community. The student shall report back to the panel within ten school days of the completion of the assigned service. (This service may include, but is not limited to, visiting elderly residents in their home or health care facility, assisting the elderly, cleaning litter from Town recreational or conservation areas or similar purposeful services.) The student shall not be allowed to participate in any extra curricular activity for one month from the date of the violation.
5. Fourth offense - Ten-day in-school detention. During the detention the student shall be required to complete all required school work.
6. If a student does not attend a detention period, the school administrator shall invoke the school policy regarding students who do not attend detention.

Sample of School Smoking Policies

BOSTON PUBLIC SCHOOLS

INTRODUCTION

At its meeting of June 1, 1985, the School Committee of the City of Boston endorsed the concept of a "smoke-free environment" for the Boston Public Schools. The Order was adopted unanimously and stated the following:

ORDERED, that the Committee endorse the concept of a smoke-free environment in School Department buildings and that the Committee believes the Department should move forward in developing policies and programs to enforce the smoke-free environment.

By its vote, the School Committee of the City of Boston endorses the philosophy that every student, staff person and visitor to a School Department facility ought to have the right to breathe clean air in the school environment. Accordingly, the School Committee supports the need for (1) a policy on smoking that is equitable in its application and implementation in all school buildings and school department work places, (2) curriculum designed to highlight the dangers and discourage the use of tobacco and tobacco products, and (3) support programs required to assist students and staff in eliminating smoking from their lives. The vote of the School Committee serves to highlight its unique role and that of the schools as "educator", both in practice and by example.

The School Committee of the City of Boston, by establishing this Policy, seeks also to bring about compliance both with the Fire Prevention Code of the City of Boston, Ordinances of 1979 (Chapter 28, Article XXX), regulating smoking in schools, public buildings and places of assembly, and with the Boston Clean Indoor Air Ordinance of 1980, the purpose of which is "to protect the public health comfort and environment by restricting smoking in public buildings... and to set an example for the children of the city about the dangers of smoking."

POLICY STATEMENT

The School Committee of the City of Boston is dedicated to establishing and maintaining a health, safe, comfortable and productive educational and work environment for its students and all staff. This goal can be achieved and the educational and work environment can be smoke-free with the cooperation, understanding and ongoing efforts of the entire Boston public school community. This Policy shall be effective over a multi-year period that shall provide for stages of (1) Containment, (2) Reduction and (3) Elimination.

1. Containment Stage - July 1, 1987 through June 30, 1988.

The first or Containment Stage of the Policy shall be in effect through the end of the fiscal year in which the Policy is adopted. These restrictions shall be in effect during all school/working hours and reflect current obligation and practice.

During this stage, smoking and the use of tobacco products is not permitted by students, staff and visitors in the following areas:

- a. Academic Areas: classrooms, lecture halls, laboratories, libraries, computer facilities and hallways.

- b. Conference Areas: designated conference rooms, auditoria, exhibition areas and indoor athletic facilities.
- c. Common/Public Areas: elevators, designated reception areas, all cafeteria and designated teacher lunchrooms.
- d. Safety-Hazard Areas: any area in which a fire or safety-hazard exists.

All local bans and restrictions developed and imposed prior to the implementation of this Policy shall remain in effect during the "Containment Stage" and no prohibition presently in effect shall be eliminated. Those schools which have extended in the past a "Smoking Privilege" to certain students shall not extend such a privilege to any new or incoming students. Furthermore, the restrictions implemented during this stage of the Policy implementation process shall be considered as minimum restrictions and shall not preclude implementation of more restrictive guidelines during this stage, based on the unanimous approval of all affected employees and students.

2. Reduction Stage - July 1, 1988 through June 30, 1990

The second or Reduction Stage of the Policy shall be in effect for a two-year period immediately following the first stage. These restrictions shall be in effect during all school and working hours. During this stage, smoking shall not be permitted by students, staff and visitors in the following areas:

- a. Academic Areas: classrooms, lecture halls, laboratories, libraries, computer facilities and hallways.
- b. Conference Areas: all conference rooms, auditoria, exhibition areas, and indoor athletic facilities.
- c. Common/Public Areas: lobbies, hallways, stairwells, elevators, waiting rooms, reception areas, mailrooms, copier rooms, open in the central office (i.e. even-numbered floors), all school teachers' rooms (except one room per school designated by the building administrator), and all cafeteria/lunchrooms.
In those school buildings which contain only one teachers' room, the buildings which contain only one teachers' room, the building administrator might designate some other area for smoking purposes.
- d. Safety-Hazard Areas: any area in which a fire or safety-hazard exists, including city-owned vehicles and warehouse/storage areas. In addition, smoking shall be prohibited in any area or room not previously designated and approved by the designee of the Fire Department of the City of Boston.

All restrictions previously imposed either locally or centrally shall remain in effect during the "Reduction Stage". Those schools which have extended previously a "Smoking Privilege" to certain students shall not extend that privilege to any new or incoming students. In addition, those schools shall limit any existing privilege to one period of time during the day (e.g. lunch time) and in a restricted area approved by the building administrator.

Nothing in this Policy precludes the implementation of more restrictive guidelines during this stage, based on the unanimous approval of all affected employees and students.

3. Smoke-Free Policy: (elimination Stage) - Effective July 1, 1990.

Effective at the beginning of the fiscal year immediately following the Reduction Stage, smoking shall be prohibited at all times and within all facilities under the jurisdiction of the School Committee of the City of Boston.

PREVENTION EFFORT

All staff, by means of instruction and example, should cooperate in an effort to discourage and to prevent student and staff smoking. The Health Education Curriculum, at all levels, should focus on the role of smoking as the leading cause of premature death and disability in our country and on the impact of long-term exposure to involuntary or passive smoking on the non-smoker. External resources should be sought and utilized to support the prevention effort.

ASSISTANCE FOR SMOKERS

The Boston Public Schools shall work cooperatively with external agencies during the implementation phases of this policy in order to provide smoking cessation programs for both staff and students.

ENFORCEMENT

It is the intent of the School Committee that a positive and supportive approach be taken toward enforcement of the Smoking Policy. The success of this Policy will depend upon the cooperation, thoughtfulness and ongoing efforts of all staff and students. All employees share in the responsibility for adhering to and enforcing this Policy. Any conflict should be brought to the attention of the appropriate supervisor for the purpose of resolution. In any dispute arising from such a Smoking Policy, the health concerns of non-smokers shall be given preference. Enrollment in a smoking cessation program should be included in the prescriptive approach to enforcement of the Policy for staff.

Student enforcement penalties should be developed at the school level as part of Discipline. Enrollment in school-based student smoking cessation programs should be included as a part of the student enforcement process.

Copies of this Policy shall be distributed to all staff, students, and parents. Building administrators and supervisors shall have responsibility for providing staff and students under their jurisdiction with copies of this Policy and with an explanation of its application.

Signs shall be posted during the implementation stages, designating the following:

1. At the entrance to all facilities: "Smoking Prohibited in All Facilities Under the Jurisdiction of the Boston Public Schools, Except in Designated Areas." The Facilities Management Department shall have responsibility for posting and maintaining such notices.
2. Smoking-prohibited areas within each facility should be designated by "No Smoking" signs. Building administrators and supervisors shall have responsibility for posting and maintaining these notices, as well as other posters and informational flyers designed to discourage smoking.

Adopted by School Committee in meeting assembled on June 23, 1987.

QUINCY PUBLIC SCHOOLS

THE LAW

Chapter 759 of the Massachusetts Acts of 1987, codified in Massachusetts General Laws, Chapter 270, section 22, prohibits smoking by a person in any public school, except in those areas specifically designated as smoking areas or in a completely enclosed private office within any of the buildings. Under the statute, the individual in charge of the buildings must post notices that identify all smoking areas, as well as additional notices that smoking is otherwise prohibited.

The statute specifically states that an area "shall be designated as a smoking area only if non-smoking areas of sufficient size and capacity are available to accommodate non-smokers." The law expressly does not apply to private, enclosed offices. However, in these two instances the School Committee has discretion and can determine that a total restriction on smoking is appropriate.

In recent years, the issue of smoking in the workplace has become increasingly controversial. The Surgeon General has announced that smoking is an "addiction."

POLICY

It is the policy of the Quincy School Committee to fully implement the No Smoking Law in the Quincy Public Schools. School system policy and regulations necessary to implement the Law are founded on the premise that education, coupled with enforcement, is the most effective way to comply with the law. The following Procedures and Regulations will be implemented EFFECTIVE September, 1989.

Effective September 1989, students will be prohibited from use of tobacco products anywhere in school buildings or school grounds both during the school day and at school related events.

Employee smoking in private offices within buildings is prohibited.

Effective January of 1990, designated smoking areas presently located where food is served will become smoke free. Designated smoking rooms will be relocated in the building in areas where non-smokers are not subjected to secondary smoke inhalation. Such smoking areas must be properly vented. If no such area exists in a school, smoking will then be prohibited within the building.

The Education Program:

The K-12 Quincy Health Education Program includes units directed to the dangers in use of substances including tobacco. The relationship of tobacco use and self image and peer influences is firmly established. The D.A.R.E. (Drug Abuse Resistance Education) program, sponsored by the Quincy Police Department and now operating in the Quincy middle and elementary schools teaches skills necessary for students to resist peer temptation and media advertisement to Say No to drugs, alcohol and tobacco use. At the high school level, there will be a continuation of the elementary and middle school health education program. Alcohol and drug education seminars will be conducted throughout the school year.

Informing Students, Staff and Parents:

Beginning in the spring of 1989, all Quincy schools will inform students, staff and parents of the mandates of this Policy and its accompanying procedures, a copy of which will be distributed to students and parents.

In the late Spring of 1989, all students in grades 8, 9, 10 and 11 will take part in a class or discussion of the hazards of smoking upon the health of the individual and those with who he/she is in contact. Also to be discussed are their efforts to quit smoking. Students and staff will be offered opportunities to participate in smoking cessation programs. Participants will be charged a small fee.

A Smoking Cessation Program will consist of:

- Motivational and informative group sessions
- Customized interventions and planning
- Group support
- Nutritional recommendations to control weight gain
- Exercise and fitness recommendations

In the Fall of each year, grade 9 students will participate in a one full day workshop on substance abuse. Use of tobacco products will be included in the discussion. Professional and peer tutors from the high schools will present programs to the students as they presently do with students in the four middle school.

Action steps to be taken in the Fall of 1989 will include an educational approach concurrent with enforcement of the No Smoking Policy opening day of school September, 1989.

Supervision:

In the Spring of 1989, the administration of all schools shall undertake a review of the gathering places within and outside the schools which in the past have been used by students as places to smoke. These locations shall be studied and, within legal limits, certain areas, such as excessive lavatory areas, may be closed. Students shall be properly notified of the No Smoking zone. A review of these actions will be made by the Director of Elementary and Middle School and the Director of High Schools.

Administrators, school security guards, as available, and/or aides as available, teachers, and custodians will be assigned supervision of these areas to ensure students do not use them as smoking areas. This applies to each school as well as all Quincy Public Schools properties.

Each day before school, after school, and during lunch periods the principals will ascertain that these commonly used smoking areas are monitored.

All staff will be responsible for enforcing the no smoking regulations. a staff member shall obtain the name(s) of the violator(s) and identify him/herself as a staff member. The staff members shall report the students to the Administration by filling out a slip which contains the name of the student found smoking, grade, home room, date and time of incident. Names must be verified. The staff member will sign the slip and give it to the principal or designee for review and action.

Each school official shall create a management system for monitoring. Computer software programs may be used for monitoring smoking infractions. The monitoring system shall be kept current. The following actions will be taken when an incident of a student smoking on school grounds or property is report.

First Offense:

The student will be warned of the penalty should he/she continue to violate the No Smoking law. Parents will be notified of the warning by letter.

Second Offense:

The parents will be informed of the second violation. The offending student will be assigned 1 hour detention, required to watch a pre-selected video on the hazards of tobacco products. In the event that this is not completed, after a due process hearing, the student be suspended in-house. During the in-house suspension, the student will be required to complete all required school work.

Third Offense:

The parents will be informed of the continuing violation. After a due process hearing, the offending student will be assigned 3 hours of after school detention. If the student does not complete this detention, he/she may be suspended in school, after a due process hearing. The student will also be suspended from all extra curricular school activities for the remainder of the quarter. During the suspension, the student will be required to complete all required school work.

Four or More Violations:

The parents will be informed of the continuing violation and after a due process hearing, the offending student will be assigned 5 hours of after school detention. If the student does not complete the detention, he/she may again be suspended in-house or if necessary out of school suspension may be warranted. A recommendation of further action will be forwarded to the Coordinator of Social Health and the Director of Elementary and/or Secondary Education, as appropriate. During the suspension, the student will be required to complete all required school work and may not participate in extra curricular activities for the semester.

Approved by the School Committee on June 7, 1989

WESTFORD PUBLIC SCHOOLS

IMPLEMENTATION

Effective September 1, 1988, smoking and use of tobacco products shall be prohibited on school property. This shall include school buildings and school owned/contracted/leased vehicles. The School Committee further discourages smoking by staff and adults on school grounds.

ENFORCEMENT

The success of these regulations will depend upon the thoughtfulness, consideration, and cooperation of smokers and non-smokers. All individuals share in the responsibility for adhering to and enforcing this policy. Any individual who observes a violation may report it in accordance with the procedures listed below.

STUDENTS

Any violation of this policy by students shall be referred to the building principal at the elementary/middle school level and the Housemaster at the high school level. Students who violate provisions of this policy shall be subject to building student discipline procedures. Students who wish may voluntarily participate in in-house and/or outside "Stop Smoking Programs" which may be funded by the School Committee. A fourth violation will be considered as insubordination and shall be dealt with in accordance with established policies and regulations.

STAFF

Any violation of this policy by staff shall be referred to the appropriate supervisor. First-time violators shall receive a written warning with a copy being placed in the personnel file. A second violation may require attendance and completion of a "Stop Smoking Program" which may be funded at School Committee expense. Further violations shall be considered insubordination and shall be dealt with accordingly and be based upon established policies and procedures for suspension and dismissal of staff. Employees may voluntarily attend approved "Stop Smoking Programs" which may be funded at School Committee expense.

CITIZENS

Citizens who are observed smoking in school buildings or school owned/contracted/ leased vehicles shall be asked to refrain from smoking. If the individual fails to comply with the request, his or her violation of policy may be referred to the building principal or other school supervisory personnel responsible for the area or program during which the violation occurred. The supervisor shall make a decision on further action which may include a directive to leave school property. Repeated violations may result in a recommendation to the Superintendent to prohibit the individual from entering school property for a specified period of time. If deemed necessary by school administration, the local law enforcement agency may be called upon to assist with enforcement of this policy. Smoking in a designated non-smoking area is a petty misdemeanor and a court injunction can be instituted against a repeated violator.

HOLYOKE PUBLIC SCHOOLS

POLICY STATEMENT:

The Holyoke School Committee is dedicated to providing a healthy, comfortable, and productive environment for staff, students and citizens. The School Committee believes that education plays a critical role in establishing life long health habits for its students. A comprehensive health curriculum K-12 emphasizing the dangers of tobacco, drugs and alcohol remain major goals for the school district. The Holyoke School Committee also has a strong interest in the health of its employees, and in their serving as positive role models for students. Therefore, the Committee shall promote non-smoking among its staff, employees and students.

I. POLICY:

1. The Holyoke School Committee wishes to attain a smoke free environment in all of its public school buildings by the 1990/91 school year, for both students and staff.
2. Designated smoking areas will be determined in all school buildings for adults while this policy is phased in, starting July 1, 1988 - July 1, 1989.
3. No smoking will be allowed in school buildings by students under the age of 18. A designated outside area will be determined for a students 18 years of age and over, beginning September 1988.
- 3A. Effective September 1, 1989 no student will be allowed to smoke on school grounds, consistent with State law.
4. All school buildings will be clearly posted indicating "No Smoking."
5. No smoking will be permitted at any extracurricular school events beginning September of 1988.

II. DISCIPLINARY PROVISIONS:

- | | |
|--------------|--|
| 1st Offense: | Students will be issued a <u>written warning</u> that a school policy has been violated. |
| 2nd Offense: | Parents will be notified that their child will be required to attend a smoke cessation program at the Teen Clinic. |
| 3rd Offense: | Parents will be required to come to school for a conference with a school administrator. The student will be assigned to the In-house suspension program along with continued cessation counseling at the Teen Clinic. |
| 4th Offense: | Parents will be notified in writing (in the language of the home), that the student will be suspended for three (3) days for insubordination. (A copy of the Discipline policy will be enclosed.) |
| 5th Offense: | The student will be recommended for expulsion on the grounds of an insubordination hearing before the Holyoke School Committee. |

III. ADMINISTRATIVE RESPONSIBILITY:

Each principal, vice-principal, director, department head, and teacher will be responsible to supervise over the implementation of this policy in the workplace.

The health concerns for non-smokers shall be given priority and consideration in resolving conflicts arising from this policy.

IV. OTHER RECOMMENDATIONS:

1. That the Holyoke School Committee petition the Holyoke Board of Aldermen to implement a No-Smoking Policy in all public buildings, under penalty of a fine by 1990.
2. That the Holyoke School Committee request the American Cancer Society and the Heart Association to provide informational seminars for employees and students.
3. That the Holyoke School Committee notify each union president of this policy before its implementation.
4. That the School Department Offices be included in the implementation of this policy.
5. That stress management and cessation programs be provided for employees during the implementation of this policy, beginning the Fall of 1988.
6. That proper "No Smoking" notices be placed conspicuously in all school buildings, offices, meeting rooms, cafeterias, etc.
7. School owned vehicles only will come under this policy.
8. A request will be made to the bus company to have their drivers honor this policy.

All administrators should begin to designate smoke areas for adults with the approval of this policy.

- The guidelines of the No-smoking policy will apply to smokeless tobacco.
- New employees will be notified of Holyoke Public Schools No-smoking policy at the time of hiring.
- Policy rules will apply to student/adult visitors during the transitional phase.

EMPLOYEE VIOLATIONS:

Will be disciplined through standard disciplinary procedures, oral, written, suspension, termination processes. (Inclusive of part-time coaches.)

Cessation

A 1985 study for the National Institute on Drug Abuse (NIDA) found that approximately one out of five high school seniors was addicted to nicotine when they graduated. More than one-half of all teenagers who smoke make at least one serious but unsuccessful attempt to quit prior to graduation according to a 1987 NIDA study. Smoking cessation should be available in school for both students and staff. Smoking cessation assistance is available from both voluntary health organizations and for profit organizations. Resources are listed elsewhere in this handbook. In some cases it may be possible to offer a cessation program as one of the required units in physical education/health education. Other creative options tried in other states include a combined smoking cessation/color analysis program for females and the use of Outward Bound programs, both of which meet the need for enhancing self esteem.

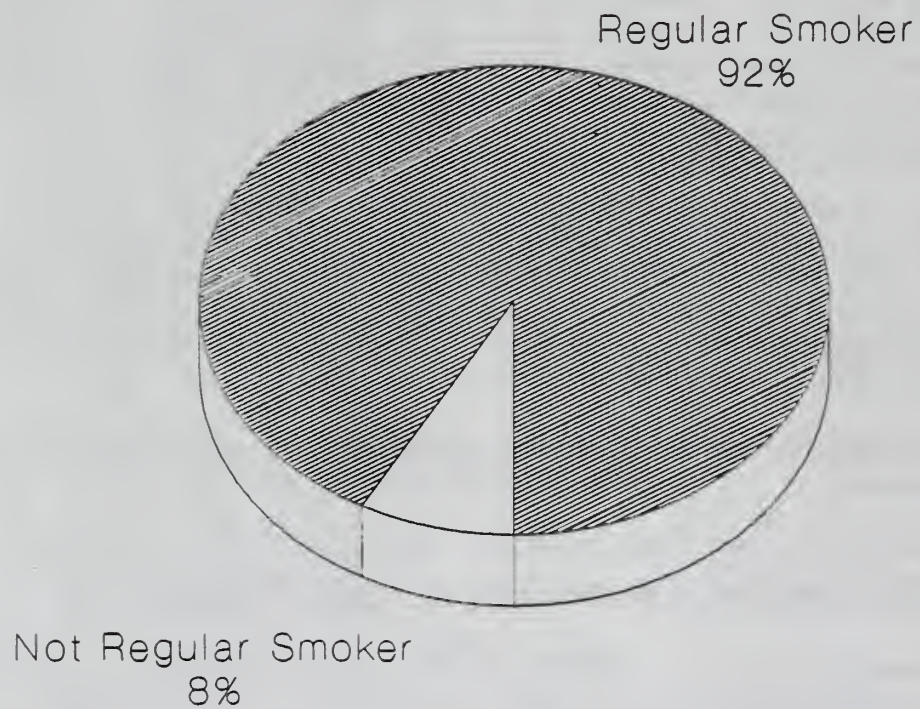
When developing a cessation program, consider that most persons make at least seven attempts to quit smoking before they are successful. Some data indicates it may be even more difficult to abstain from smokeless tobacco. For this reason, students and staff may have a need to repeat a cessation program more than once. There is also a need for a built-in on going support system for persons who have successfully stopped smoking, be this a "buddy system" or formal support groups meeting on a regular monthly or biweekly basis.

Students who do successfully become tobacco free should be recognized and rewarded in some way in front of their classmates.

The Need for Curriculum at Each Grade Level

Youths underestimate the dangers and addictive nature of smoking. Studies show that youths first try tobacco products and become addicted at 10 years old or younger. A review of tobacco advertising shows that these ads appeal to young people who wish to appear mature, athletic, convivial and healthy. The tobacco companies spend more than \$2 billion annually on these ads. With students bombarded with this sophisticated media blitz, it is essential that it be counteracted at the earliest age possible, hopefully kindergarten. Anti-smoking curriculum can become a part of science, physical education, health or other classes. Any curriculum discussing alcohol and drugs should also include tobacco. Curriculum is available through the American Cancer Society, American Heart Association, the American Lung Association and other curriculum developers. Some resources are listed elsewhere in this booklet or contact your regional Prevention Center.

Cigarettes as Gateway Drug of Adolescent Smokers



USNIDA Nat. Household Survey on Drug Use

RESOURCES



SMOKING CURRICULUMS/PRINT MATERIAL FOR YOUTH

Available from: Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111

(617) 727-0732

Experiments and Demonstrations in Smoking Education This publication includes experiments, demonstrations and computer software that may be useful in smoking education. All experiments have been field tested by classroom teachers and students and appropriate age group is listed for each. Developed by the Center for Public Health Studies, Department of Health, Portland (Oregon) State University under contract to the Office for Smoking and Health. Grades K-12. (1985)

Coalition for a Smoke Free Massachusetts by the Year 2000 American Cancer Society, American Heart Association, American Lung Association.

Class of the Year 2000 Grades 1, 2, 3 available 1990-91 school year; grade 4 will be available for 1991-1992 school year, 5 sessions, 30 minutes each. Grades 6-7-8 smoking fact sheet, booklets, work sheets, and apple computer diskettes.

Available from: American Cancer Society - Massachusetts Division
247 Commonwealth Avenue
Boston, MA 02116

1-800-952-7664

Starting Free: Good Air for Me A program centered around five stories each book builds on concepts presented in previous book. A basic teacher's kit is available for use in preschool settings. Preschool. (1987)

An Early Start to Good Health Health education curriculum comprised of four separate modules. Grades K-3. (1977)

Health Network Health Education Teaching Kit prepares youngsters for decision making regarding their own health especially with cigarette smoking. Grades 4-6. (1980)

Health Myself Teaching Kit. Health education program which introduces cancer and smoking related health themes with current school curricula. Grades 7-9.

Nature of Cancer Two lessons, "What is Cancer", and "What is the Relationship between Smoking and Cancer?" Grades 7-9.

Youth Smoking Cessation Clinic Multi-session clinic designed for students grades 10-12. To be delivered during school time by school personnel. Training by ACS available.

Breaking Free Smoking cessation program designed for vocational educational students and teachers (1986) teaching guide, poster, two Apple Computer II disks.

Available from: American Heart Association - Massachusetts Affiliate
Att: HIS coordinator
33 Fourth Avenue
Needham, MA 02194

(617) 499-5931

Getting to Know Your Heart Lower elementary package (65-3016). Program containing three modules including smoking and your body. Teacher's guide (65-3016), posters, audiovisuals.

Getting to Know Your Heart Upper elementary package (65-6000). Program contains four modules including smoking and your body. Teacher's guide (65-6004), posters, supplies. Grades 4-6.

Heart Treasure Chest 3 modules including posters games and receipes. Preschool. (1980)

Heart Decisions 4 modules including SAVE A SWEET HEART (smoking component). Grades 7, 8, 9. (1989)

Heart Challenge 3 modules (TAKE CHARGE, SAVE A SWEET HEART, NUTRITION) include advanced experiments, activities. Grades 10-12. (1990)

Available from: American Lung Association of Massachusetts
803 Summer Street
Boston, MA 02127

(617) 269-9720

Lungs are for Life School health education program modules on air pollution, smoking and lung physiology. Teaching posters and other aids K-(0333), Grade 1 (0334), Grade 2 (0302) and Grades 2-4 (0311). (1981)

No Smoking - Lungs at Work Booklet on how lungs work and are affected by smoking. Grades 5-6 (0061).

As you Live... You Breathe Illustrated booklet with strong antismoking message. Grades 5-8 (0061).

The Respiratory System Diagram of respiratory system (0950) with explanation of systems functioning for primary grades. Wall chart 17" X 22" (5270).

Nonsmokers Rights/Secondhand Smoke Includes pamphlets fact sheets, audio visual aids and discussion questions on secondhand smoke. Recommended for junior high through adult.

Smoking Deserves A Smart Answer A 5 lesson program designed to encourage interaction and participation on smoking prevention. Grades 4-6.

Compiled by: Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street, 2nd floor
Boston, MA 02111

(617) 727-0732

May 1991

SMOKING VIDEOS

Below is a brief description of videos available for loan at no charge from:
The Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

All films are 1/2" VHS unless otherwise stated.

The Feminine Mistake (25 min.) An educational program on smoking and women. The tape covers the medical and cosmetic liabilities of smoking for women, especially pregnant women and teenagers. This film also presents facts that may motivate a smoker to quit and suggests methods of quitting.

The Feminine Mistake: The Next Generation (30 min.) This new film retains the most powerful images from the original version while it brings the issue of women and smoking into the present. Interviews with smokers, current statistics and test results offer viewers convincing proof of tobacco's deadly and debilitating effects. Recommended for high school, college and adult levels. (1989).

Mixed Messages for Women (27 min.) Written, developed and narrated by Virginia Ernster, Ph.D. A social history of cigarette smoking and advertising. Women find themselves in the middle of two discordant epidemics, one of smoking related diseases and the other of cigarette advertisements targeted to the female market.

First Time, Last Time (30 min.) A series of vignettes about women from teenage to middle age, discussing how they began smoking, their failures and successes at quitting. (1987).

The Lady Killers (40 min.) A British documentary featuring Bobbie Jacobson, author of two books on women and smoking. The tape explores the reason why women smoke, and barriers to quitting that are particular to women. It is also available for purchase (\$235) rental (\$50) preview (\$20) 1/2" VHS, or Beta from: Communications Media, Yale Medical School, 333 Cedar Street, New Haven, CT.

Octopuff (9 min.) A charming anti-smoking fable in which an invading Octopuff character teaches a town to smoke and then, in turn, is converted by the children to become a nonsmoker. Age level preschool through grade three.

Huffless Puffless Dragon (18 min.) A "cool" smoking dragon tries to encourage a "square" dragon to smoke. A contest of strength begins and the smokeless dragon wins. Recommended for primary levels.

Why People Smoke (10 min.) A cleverly animated anti-smoking message that examines four major "reasons" why people smoke and finds them all childish and a bit silly. The films humorous approach is an effective counter to peer pressure for grade school children. Recommended for primary and intermediate levels.

Hugh McCabe: The Coaches Final Lesson (20 min.) A high school football coach shares his struggle with lung cancer, and his addiction to smoking cigarettes. Recommended for junior and senior high schools.

Performance Edge A short video with accompanying printed material about performance. It focuses on the effects smoking and drinking have on physical performance. The theme can and should be related to any activity that involves students. Recommended for junior high and high school. (1990).

The Smoke of a Single Cigarette (10 min.) A high school student does a simple demonstration showing the dangers of tobacco smoke on the lungs. It is a clear concise and informative video. She also talks about the harmful by-products of tobacco smoke. Produced by the University of Arkansas for Medical Services. Recommended for intermediate, junior and high school levels.

Confessions of a Simple Surgeon (20 min.) This video dramatically presents the dangers of smoking and one Australian physician's campaign to change the message tobacco companies use on billboards.

Smoking: Everything You and Your Family Need to Know (31 min.) Viewers are alerted to cigarette and nicotine-related health hazards. HBO Project Knowledge has developed this program to target general audiences and school audiences. A study guide accompanies this program that may be shown during two periods. Recommended for junior high through adult. Video may also be purchased from: Ambrose Video Publishing, 381 Park Avenue South, Suite 1601, New York, NY 10016. (1989).

Death in the West (27 min.) This tape contains personal stories of present day cowboys in "Marlboro Country" their physicians and their smoking related diseases. Curriculum available. Recommended for junior high through adult. (1983).

Dirty Business (24 min.) An exceptionally hard hitting, potent attack on the cigarette industry and its advertising. It disputes the industry claim that advertising is geared to influence brand choice among existing smokers, and uses examples of tactics employed by the tobacco industry to lure people to cigarettes and tobacco products. (Instructors guide available.) Recommended for junior high through adult.

On the Air: Creating a Smokefree Workplace (17 min.) A simulated talk show discussing the establishment of a smokefree workplace, presenting information for both management and employees. Also available for purchase from: Pyramid Film and Video, P.O. Box 1048, Santa Monica, CA 90406. Cost of purchase 1/2" VHS \$250, 3/4 u-matic (\$295), Beta II (\$50), rental from Pyramid is (\$125).

Secondhand Smoke (17 min.) Narrated by Jack Klugman. A light approach to a deadly subject, stressing the hazards of side stream smoke, its contribution to indoor pollution, and its effects on the unborn child, young children and individuals living and working with a smoker. Also available from Pyramid film and video. Curriculum available. (1986).

Smoking: How to Stop (20 min.) This video illustrates simple proven methods for breaking the smoking habit, methods developed by the American Cancer Society and other stop smoking organizations. The film offers constructive suggestions and its encouraging tone will help smokers who want to quit smoke their last cigarette. Recommended for junior high through adult. Also available for purchase from Pyramid Film and Video, P.O. Box 1048, Santa Monica, CA. 90406 (\$195) 1/2" VHS. (1989).

A Physician Talks About Smoking Slide presentation developed for physicians and other health care professionals who are called upon to speak to medical and key audiences on smoking and health. Slides include health effects, etiology and the prevalence of smoking. Available for purchase for \$35 from: The National Audiovisual Center, 8700 Edgeworth Drive, Capital Heights, MD 20743-3071.

ADDITIONAL VIDEO RESOURCES

Under Fire: Litigation Against the Tobacco Industry (60 min.) Interviews of Key personnel of Tobacco Products Liability Project (TPLP) who discuss both overwhelming medical evidence on dangers of tobacco use, and the changes in liability law which makes suits against tobacco industry now possible. Available on 1/2" VHS (\$60) and 3/4" (\$75) for nonprofit groups all others (\$100). Add (\$5) postage fee. Produced and sold by: Somerville Products, c/o Parish Dobson, 263 Payson Road, Belmont, MA 02178.

American Cancer Society
247 Commonwealth Avenue
Boston, MA 02116
Tel: 1-800-952-7664

Huffless Puffless Dragon - see previous description.

Death in the West - see previous description.

First Time - Last Time - see previous description.

The Feminine Mistake: The Next Generation - see previous description.

Smart Move (20 min.) This video covers the health effects of smoking and what happens when a person stops. Some strategies for quitting are included, but its main focus is on the reasons for quitting. A Smart Move brochure, alternatives on how to stop smoking, should be handed out to participants.

Smoking: Everything You and Your Family Should Know (25 min.) Features former Surgeon General C. Everett Koop. Question and answer format with discussion provided by Dr. Koop. Informative and educational. 1/2" VHS junior high and up. (1989).

Lets Call it Quits (28 min.) 16 mm, video cassette 1/2". Tom Bosley is featured in a situation comedy about the agony and ultimate ecstasy of kicking the habit. He falters and becomes a secret smoker but finally receives information on his reasons for smoking and quitting for good.

We Can't Go on Like This (32 min.) Video cassette 1/2 and 3/4". Produced by the National Heart, Lung, and Blood Institute, seven vignettes to aid smokers in identifying many of the major pressures and issues involved with successfully quitting cigarettes. Designed to be used in a group setting with a leader. Guide available.

Why Quit Quiz (15 min.) 16 mm, super 8, video cassette. Dr. Frank Field narrates this film emphasizing the health benefits of quitting smoking. It invites audience participation with a series of quiz questions. Facts on the immediate and long range effects of quitting are presented.

Smoking: A Research Update Part I and II. Part I (15 min.), Part II (12 min.), video cassette 1/2" and 3/4"., film strip. This film gives young people the latest facts on smoking and is designed to help them understand the complexity of the legal, ethical and economic issues, while heightening their awareness to the health risks.

**American Heart Association
Massachusetts Affiliate Inc.
53 Fourth Avenue
Needham, Ma 02194
Tel: (617) 449-5931**

The Heart that Changed Color (8 min.) The Tin Woodsman and the Scarecrow tell of their perilous journey through the land of nicotine. (Available in Getting to Know Your Heart - elementary kit only). 1/2" video and 16 mm.

First Cigarette (10 min.) Smokers and nonsmokers including young people discuss the pressures that prompt smoking, arguments against it, and the difficulty in quitting. Geared toward elementary students especially females. 1/2" VHS. (1985).

Case of the Sudden Sickness (7 1/2 min.) Dr. Truso takes an imaginary journey through a patient's body to discover the cause of his illness. (Available in Getting to Know Your Heart - upper elementary kit only). 1/2" video.

Death in the West - see previous description.

Smoking and Heart Disease (9 1/2 min.) Asks and answers questions about the relation between smoking and health especially the heart and circulatory system. 1/2" video and 16 mm. (1967).

Lets Talk About Smoking (11 min.) Outstanding documentary featuring 7th and 8th graders voicing their opinions and attitudes on smoking. 1/2" and 3/4" video and 16 mm. (1981).

Smoking: It's Your Choice (15 min.) Facts about smoking in a manner to hold the attention of young people. 16 mm.

Smoking: How to Quit (18 min.) A husband and wife attempt to kick the habit by gradual reduction. Both share methods and techniques of the group. 1/2" VHS. (1980).

**American Lung Association (ALA)
803 Summer Street
Boston, MA 02127
Tel: (617) 269-9720**

In Control (9 min. segment/day for 13 days) Series on how to quit smoking. available in packet only. Combines both breathing and relaxation techniques. Excellent aid for health care providers or individuals who want to quit on their own. Available for purchase. 1/2" VHS (\$59.95).

Smoking Deserves A Smart Answer This program shows young people ways of dealing with peer pressure relating to the issue of smoking. Developed by the American Lung Association of Maryland. 1/2" VHS.

Tobacco: The Pushers and Their Victims Two parts - Pushers (16 min.) Victims (21 min.). The Pushers show how the tobacco industry is pushing smoking onto youth - The Victims argue smoking will make youth less attractive, popular and independent. 1/2" VHS.

Secondhand Smoke - see previous description.

Hugh McCabe: The Coaches Final Lesson - see previous description.

Octopuff - see previous description.

Death in the West - see previous description.

Smoking Everything You and Your Family Should Know - see previous description.

Why People Smoke - see previous description.

Breathing Easy - (27 1/2 min.) Smoking and health video for intermediate school level, that explains how the respiratory system works.

Feminine Mistake - see previous description.

The Feminine Mistake: The Next Generation - see previous description.

On the Air - see previous description.

The Performance Edge - see previous description.

Compiled by:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
Tel: (617) 727-0732

SMOKELESS TOBACCO CURRICULUMS

Curricula Available from:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

(Single copy for reproduction available free of charge from the Office for Nonsmoking and Health.)

The Spitting Image (Grades 4-7) A smokeless tobacco teaching guide that provides teachers with complete information on smokeless tobacco, so they may provide students with information and motivate them to make wise choices concerning smokeless tobacco. The materials and activities are not grade specific, so teachers may choose activities and depth of the material suitable for each class. Developed by Indiana State Board of Health, Division of Health Education, 1330 West Michigan Street, P.O. Box 1964, Indianapolis, IN 46206-1964. 1989.

To Chew or Not to Chew, That is the Question... Will Power (Grades 7-8) This curriculum is designed as a format for teachers to encourage smokeless tobacco prevention among youth. This program includes an introduction and history of smokeless tobacco, its health risks, a section on marketing and the media, and also alternative behavior. Developed by Health Education, Brockton Public Schools, Brockton, MA, December 1987.

Curriculum Guide - Smokeless Tobacco (Grades 3-6-9). This guide offers one lesson for grade 3, two for grade 6 and two for grade 9. It provides information on the health dangers of smokeless tobacco, the effects of its use, and methods to stop use. It helps students make the decision not to start using smokeless tobacco or to quit. Developed by Holyoke Public Schools, Holyoke, MA, March 1988.

Teaching Unit for 5th Grade on Smokeless Tobacco (Grade 5) The overall goal of this unit is to assist children in learning how and why not to take up the smokeless habit. It is designed to be used independently, or be integrated into an existing unit dealing with tobacco. Developed by the Maine Department of Human Services, Office of Dental Health, State House, Augusta, ME 04333. 1986.

Chew or Snuff (Ages 10-18) This guide is best presented as a drug awareness learning unit. However, it can be incorporated in either a health promotion or disease prevention unit. Facts about smokeless tobacco are presented as background information for teachers; portions can be adapted for use as a student handout. Suggested lesson activities involve students in evaluating reasons why adolescents use smokeless tobacco and the health consequences of its use. Produced by National Cancer Institute, U.S. Department of Health and Human Service, National Institutes of Health, and American Academy of Otolaryngology - Head and Neck Surgery, Inc. 1101 Vermont Avenue, N.W., Suite 302, Washington, DC 20005-3521.

Curricula Available from:

National Technical Information Series
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161
(800) 553-6847

I Don't/I Won't (Grades K-2) A complete smokeless tobacco curriculum kit designed to help prevent young children from using smokeless tobacco. Some of the activities are better suited for small circle groups, others are more effective if the entire class participates. All necessary classroom materials are included. Developed by U.S. Centers for Disease Control Dental Activities Program 1990. Information available from: National Technical Services (NTIS). Smokeless Tobacco Kit # PB90780677 \$40.00/single kit. NTIS offers volume discounts for the purchase of 5 or more kits. Rush orders with 24 hour service is available (703) 487-4700.

I Don't/I Won't (Grades K-2) A slide series (26 slides) designed to be used as an adjunctive tool with the I Don't/I Won't kit. It describes the hazards of using smokeless tobacco; provides instruction as to how the kit should be used, and suggests possible policy changes that might prevent young children from using smokeless tobacco. Developed by U.S. Centers for Disease Control Dental Activities 1990. Available from National Technical Information Series. Slide series # PB90780685 (NTIS) \$30.00. NTIS offers volume discounts for the purchase of 5 or more copies. Rush orders with 24 hour service as available (703) 487-4700.

January 1991

SMOKELESS TOBACCO VIDEOS

Below is a brief description of videos available for loan at no charge from:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111
(617) 727-0732

Smokeless Tobacco: It Can Snuff You Out (13 minutes) film or video for junior high school students and up discussing health effects of smokeless tobacco use and the tobacco industry's advertising tactics.

Fire Without Smoke (16 minutes) The history and dangers of smokeless tobacco are presented in this informative video. Available for purchase on 1/2" VHS also from Health EDCO, WRS Group Inc. P.O. Box 21207, Waco, TX 76702-9906 (Grades 5-12) 1991.

The Kid and the Dipper (10 minutes) video tape for junior high school students covering the chewing tobacco, snuff, dipping and addiction by means of communicating through a computer. Nine Star Productions selected visuals, Holden, Hockney, Breeze, 1020 Barnett Street, Fairbanks, Alaska.

The Alaska Kids News Network (9 minutes) video tape, junior high school students present their "news personalities interviewing various young people on why they are using smokeless tobacco products and why kids say no. VHS.

Available from:

American Cancer Society
Massachusetts Division
247 Commonwealth Avenue
Boston, MA 02116
1-800-952-7664

Check It Out (10 minutes) A rock video/film for today's teens that carries a straightforward message on the hazards of smokeless tobacco. Available in 16 mm 1/2" or 3/4" video. 1987.

Smokeless Tobacco: The Whole Truth. (9 minutes) former Red Sox pitcher, Jim Lonberg, now a dentist alerts students to the dangers of smokeless tobacco. Available on 1/2" video cassette. 1986.

April 1991

OTHER SMOKELESS TOBACCO PRINT MATERIALS

Below is a brief description of print materials available from:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street, 2nd Floor
Boston, MA 02111
(617) 727-0732

Smokeless Isn't Harmless - Poster. Developed by Massachusetts Department of Public Health, American Cancer Society, American Lung Association, American Heart Association. Available from the Office of Nonsmoking and Health, Department of Public Health, 150 Tremont Street, Boston, MA 02111. Phone: 617-727-0732. Free.

Smokeless Isn't Harmless - Brochure. Developed by Massachusetts Department of Public Health, American Cancer Society, American Lung Association and American Heart Association. Available from the Office of Nonsmoking and Health, Department of Public Health, 150 Tremont Street, Boston, MA 02111. Phone: 617-727-0732. Free.

Reader's Digest - "Sean Marsee's Death" - reprint of article about the health effects of smokeless tobacco, focusing on the death of an Oklahoma high school track star from oral cancer in 1984. Available from Reader's Digest Reprint Department, P.O. Box 25, Pleasantville, NY 10570. Phone 914-769-7000.

Smokeless Tobacco - 15 - page cartoon illustrated pamphlet reviewing the history and health effects of smokeless tobacco. Channing L. Bete Co. Inc., 200 State Road, South Deerfield, MA 01373. Phone: 1-800-628-7733. Price depends on quantity.

Chew or Snuff is Real Bad Stuff - Dramatic pamphlet on effects of smokeless tobacco - Available also from NCI (National Cancer Institute) Tel: 1-800-4-Cancer. Publication #88-2976, National Institutes of Health, February 1988. Free.

Coalition for a Smoke Free Massachusetts by the Year 2000

American Cancer Society
Massachusetts Division
247 Commonwealth Avenue
Boston, MA 02116
1-800-952-7664

American Heart Association
Massachusetts Affiliate
33 Fourth Avenue
Needham, MA 02194
(617) 449-5931

American Lung Association
of Massachusetts
803 Summer Street
Boston, MA 02127
(617) 269-9720

April 1991

SMOKING CESSATION PROGRAMS

To succeed at becoming smoke-free, you must first want to become a nonsmoker. Without a strong individual desire to stop smoking, no program will be successful. There are several methods of smoking cessation. If you want to stop and one method is not successful, try another.

Each of us makes a personal decision about smoking. If you want to stop smoking, you can. Very few people are successful at smoking cessation with no back sliding. It is particularly hard to stop smoking when you are under stress or if you are around many people who smoke. There are many tips that will make becoming a nonsmoker a little easier:

- Set a quit date. Tell your friends, family and co-workers and ask for their help.
- Change your habits. There are certain times of the day or activities with which you associate smoking. Avoid these situations or avoid easy access to cigarettes during these times.
- Don't carry cigarettes with you.
- Exercise.
- Drink frequent glasses of water or juices.
- Sit in nonsmoking sections of restaurants.
- Go to the library, movies or a museum.
- If you experience difficulty in giving up tobacco, talk to your physician about a prescription for nicotine containing chewing gum (\$20 for a box of 96 pieces) which may help you cut back gradually.
- Decide which method of smoking cessation you want to try--on your own either "cold turkey" or by gradually cutting back, a behavior modification group session, one-on-one counseling, nicotine replacement or some other method. Your physician, local hospital, American Cancer Society, American Lung Association, or telephone Yellow Pages can help you locate the method you want. Make a plan of action, including dates to reach goals and begin your new life as a nonsmoker.
- Think of yourself as a nonsmoker.

BEHAVIOR MODIFICATION PROGRAMS

Group support, behavior modification and positive reinforcement are stressed. National statistics indicate 20% to 40% of all participants will still not be smoking after one year. (Higher success rates are for a shorter time frame.) Note: All prices indicate the fee per participant unless otherwise noted.

Fresh Start

American Cancer Society (617) 267-2650 or 1-800-952-7664

Locations throughout Massachusetts

Five one hour sessions over 4 weeks. \$ 40.00

Freedom from Smoking

American Lung Association (617) 269-9720 or local affiliate office

Locations throughout Massachusetts

A 7-session group program. (Each session 1½ hours.) Includes printed materials and films. Individual cost depending on facility \$40.00 - \$70.00

Breathe Free

New England Memorial Hospital (617) 949-7057

5 Woodland Road

Stoneham, MA 02180

Introductory lecture is held on the Thursday preceding the first session. The program consists of four 2-hour sessions starting on Monday through Thursday. Following-up sessions are held on following two Tuesdays and Thursdays. Includes films, lectures and printed material. \$ 95.00

The Escalating Step Process

Morton Hospital and Medical Center (508) 824-6911 x 1259

88 Washington Street

Taunton, MA 02780-2499

An unique and flexible escalating step process that includes individual attention as well as other forms of special group emphasis when indicated. The sessions are approximately 1 hour long and there are four to five steps included in each program. \$ 40.00 non-refundable

Smokers' Anonymous

Locations throughout Massachusetts (617) 698-7867

A 6-week behavior modification program using a lecture format (2-4 hours per session.) Includes printed material. A free ½-hour introductory session. Graduates can attend any public group session free of charge as long as they are not smoking. General public \$ 295.00

Smokers' Anonymous

South Shore (617) 331-7339

South Shore Location call for further information \$ 35.00

Smokers' Independence Group

Amherst Administration, Health Education (413) 256-0151 x 295

A 6-session workshop (2-hour per session.) 7-9 p.m. offered three times yearly. \$20.00 rebate if attend 5 out of 6 classes. Also available at Northampton Health Center.

Students and Kaiser HMO Members \$ 40.00 Nonmembers \$80

Upham Smoking Clinic

McLean Hospital (617) 855-2978
115 Mill Street
Belmont, MA 02178

Program runs for a minimum of 10 weeks. Each session is one hour. Includes printed handouts. Cognitive behavior. \$ 25.00/session

Program 2000

Southwood Community Hospital (508) 668-0385
111 Dedham Street
Norfolk, MA 02056

A program that treats smoking as an addiction. Program is conducted Monday - Friday for 2 weeks/20hrs. Weekly follow-up is available for 3 months after participation. Stress management, nutritional counseling and exercise techniques are provided. Pre-registration is required \$25.00 200.00

Smoke Free Living (413) 562-7836

P.O. Box 8031
Westfield, MA 01086

This behavior modification programs consists of eight 2 hour sessions held over 6 weeks. Handouts, health education, stress management, assertiveness skills, diet and exercise habits are included.

\$ 125.00/Person \$ 110.00/Couples

Respiratory Care Physicians Smoking Cessation Program

Respiratory Care Physicians, P. 599-3366
583 Chestnut Street 59 Lungs
Lynn, MA 01904

A seven week program that address smoking as a treated medically addiction. Each session is approximately 2¼ hrs. Group support is strongly emphasized. Preregistration fee required (\$20.00). refundable if smoking cessation begins by week 6. \$ 85.00

Stop Smoking

Fallon Community Health Plan (508) 835-2550 x 4361
100 Hartwell Street
W. Boylston, MA 01583

Eight classes 1½ hour group sessions over a six week period. Member \$20.00 Nonmembers \$75.00

5 Day Program

Medical Center of C/M (508) 793-6611
Worcester Memorial Hospital
119 Belmont, Street
Worcester, MA 01605

Program consists of five 1½ hour sessions in a one week period. Behavior modification. Includes manual. \$10.00

Smoking Cessation

Center for Health & Fitness (508) 856-5811
U Mass Medical Center
55 Lake Avenue
Worcester, MA 01655

Group session, behavior modification, strategy development. Program meets for 6 consecutive weeks. Each session is approximately 1½ hours. \$ 150.00

Forgetting Cigarettes

Noble Hospital (413) 568-2811
115 West Silver Street
Westfield, MA 01806

Eight sessions over 4 week period. Introductory session is free. Fee discussed at 1st session.

Becoming a Nonsmoker

Berkshire Healthworks (413) 447-2655
Berkshire Medical Center
725 North Street
Pittsfield, MA 01201

A 6 week program that includes "cutting back" on nicotine. (1½ hours/each session) \$ 65.00

Making A Change

Medical West (413) 594-3111 x 547
444 Montgomery Street
Chicopee, MA 01020

A workshop to quit smoking that includes group support and techniques that make a change in your life. Four sessions over 2 hours long over a four week period. Members Medical West \$12.00
Nonmembers \$25.00

PROGRAMS FOR PREGNANT WOMEN**Stop Smoking for Pregnant Women**

Fallon Community Health Plan (508) 835-2550 x 4368
100 Hartwell Street
W. Boylston, MA 01583

Private or small group sessions, 4 sessions in a 10-day period. Members \$8.00 Nonmembers \$20.00

Quitting For You 2

Massachusetts Department of Public Health, available from obstetrician. Material available in Spanish and English. (Free).

Smoking and Pregnancy

American Lung Association, available from obstetrician. (Free).

YOUTH CESSATION PROGRAMS

CHALLENGE - American Cancer Society

(Public education department) 1-800-952-7430 or 267-2650

A Quit Smoking Program for Teens

Conducted in school setting, this program stresses behavior modification and the impact of advertising on teens. There is a 48 hour trial quit period in middle of program. Designed to be taught by teacher, preferably ex-smoker. Training provided. (Free).

Freedom From Smoking for Teens - American Lung Association

An in-school program. Six 50-minute lectures which include mid-week videos. Training provided for faculty members and school nurses. Training manual \$ 20.00

Smoke Free Living

Youth cessation clinics held in a school setting. Program is built upon behavior modification, health education, and stress management. Available also is a school tobacco education program for presentation by peer educators in schools.

HYPNOSIS

Hypnosis is used either in group sessions or on a one-on-one basis to help smokers break their habit. Usually the goal of this method is to enhance the benefits of becoming a nonsmoker. Long term success data not available.

Stop Smoking Hypnotherapy Seminar

Beder Health Associates Inc. (617) 843-7908
759 Granit Street
Braintree, MA 02184

Single 1½ hour session plus unlimited return visits for one year. Clients also receive an audio tape and written materials. Locations throughout Massachusetts. \$ 69.00

Beth Israel Hospital

330 Brookline Avenue (617) 735-4735
Boston, MA

A 6-session group program, that meets on Thursday evenings. Each session 1½ hours. \$ 200.00

Larry Glick Better Life Institute

Locations throughout Massachusetts (617) 327-4357

A 1½-hour group hypnosis and behavior modification session with reinforcement emphasized. Includes video presentations, lectures and printed materials. Participants receive four audio cassettes of 10 to 30 minutes to assist in continued smoke-free living. Participants can attend additional sessions free of charge within 12 months. Money back at end of first session if participant feels program will not work. \$ 95.00

Massachusetts General Hospital Behavioral Therapy Unit

15 Parkman Street (617) 726-2991
Boston, MA

One-on-one program usually consisting of two sessions. The first session consists of interviewing smokers concerning their smoking history, and the second session offers hypnosis. Additional sessions available if needed. Approximate cost \$ 175.00

Medical Care Affiliates

1 Boylston Plaza (617) 262-1500
Prudential Center, Boston

Private 1-hour sessions. Include behavior modification. \$ 60.00/session

LENAIRE TECHNIQUE

The Lenaire Technique, Inc.

76 Main Street (508) 532-9050
Peabody, MA 01960

A procedure that was developed to stop addictive behavior. The Lenaire Technique uses no wires, equipment or devices. It is not hypnosis, biofeedback, biorhythm, acupuncture, acupressure or autosuggestion. Individual. Procedure yields 92% success ratio. Used on over 10,000 people.

\$ 85.00/initial session \$ 65.00/follow-up visits

ACUPUNCTURE

The goal in acupuncture is to stimulate lung points to make smoking distasteful. Long term success rates are not available.

Franklin Street Medical Associates

139 Franklin Street (617) 438-6132
Stoneham, MA

Two weeks of treatment with 3-5 treatments the first week and 1-3 treatments the second week. Treatments intended to both relax the client and sensitize the Lung to tobacco smoke, taking away the desire to smoke. \$ 45.00/treatment

Comprehensive Medical Services

93 Union Street (617) 965-3306
Newton, MA

One to five treatments on successive days over a one week period. Intended result is reduced craving for nicotine and elimination of withdrawal symptoms. All acupuncturists are physicians. 90% success rate. 1st visit \$ 85.00 Including \$ 50.00/treatment

For additional acupuncture programs, see the telephone Yellow Pages.

PROGRAM AVAILABLE TO COMPANIES

American Cancer Society - Fresh Start (617) 267-2650 or 1-800-952-7664

(See Behavior Modification)

If company has own trained facilitator \$100 per program for materials. (ACS will train facilitator.)

If ACS furnishes facilitator, \$40 per participant. Require minimum of 8 persons.

American Lung Association - Freedom From Smoking (617) 269-9720

or local affiliate office

(See Behavior Modification)

ALA can train facilitator and materials may be purchased from ALA or if company has own trained facilitator, \$10 per participant for materials. If ALA furnishes facilitator, \$40-70 per participant. Call for further information.

Beder Health Associates, Inc. (617) 843-7908

90 minute program offered to corporations on site. 85/person with a minimum of ten.

Larry Glick Better Life Institute

(See Hypnosis) (617) 327-4357

For 15 or more persons, \$75.00 per participant.

Smokenders

Available for 15 or more persons (617) 698-7867

(See Behavior Modification)

Medical Care Affiliates (617) 262-1500

5-week behavior modification group program. \$ 700.00

Program 2000

Sandra Berkley (508) 668-0385

Southwood Community Hospital

111 Dedham, Street

Norfolk, MA 02056

(See Behavior Modification)

Programs Available to Companies

Smoke Free Living (413) 562-7836

P.O. Box 8031

Westfield, MA 01086

(See Behavior Modification)

Lenaire Technique (508) 532-9050

(See page 7)

Program available to cooperate and government employees

ON YOUR OWN

Self-help materials are designed to make smokers more aware of their habit and suggest substitutes for smoking. Examples include setting a target date to quit, limiting access to cigarettes and avoiding situations in which one once smoked. National statistics indicate a 5% to 15% one-year success rate.

Massachusetts Department of Public Health

Office for Nonsmoking and Health (617) 727-0732

Advice. Listening. Free cessation guides including:

Clearing the Air

A booklet on how to quit smoking and quit for good. Developed by the National Cancer Institute

Guia para Dejar de Fumar

A guide on how to quit smoking in Spanish developed the National Cancer Institute.

American Heart Association

Calling It Quits (Free) (617) 449-5931

American Lung Association

Freedom from Smoking (617) 269-9720 or local affiliate office

Self manuals, \$7; videotape, audiocassette, and manual \$60.00.

Cancer Information Service

1-800-4-CANCER

Advice. Listening. Pamphlets. (Free)

Smokers' Anonymous

(508) 598-1600

Guide to stopping smoking on your own \$5.00

American Cancer Society

(617) 267-2650 or 1-800-952-7664

Smart Move. Free Booklet

SUPPORT GROUPS FOR EX-SMOKERS

Quitters in Motion

Winchester Hospital (617) 756-2224

41 Highland Avenue

Winchester, MA 01890

An ongoing group for people with a past or current history of smoking who need support and encouragement. Classes 2nd and 4th Thursday of each month. No pre-registration. 5:30-6:30 p.m. \$5.

Stop Smoking Support Group

Fallon Community Health Plan (508) 835-2550 x 4368

Meets at: Goldstar Boulevard

Worcester, MA 01601

For those who have quit smoking and need support for long term success. Meets 1st Wednesday of each month, 1½ hour session. (Free)

Compiled by: Office for Nonsmoking and Health

Massachusetts Department of Public Health

150 Tremont Street, Boston, MA 02111

(617) 727-0732

April, 1991

SMOKING & YOUTH

When do young people start smoking?

More than 90% of people who smoke started before age 20; 60% started before age 15. More than 3,000 young people begin smoking daily in the U.S. According to the National Adolescent Student Health Survey (1987), one quarter of all smokers reported that they had started smoking by grade 7 or 8. In a Massachusetts study (1987), cigarette use by students increased incrementally by age up to grade 12. Seven percent of the sixth graders said they were smokers. Unfortunately, the younger people are when they start smoking, the more likely they are to become addicted.

What makes young people smoke?

Several factors have been identified that correlate with youngsters smoking. Strong adult role models are essentially promoting and sanctioning the nicotine addiction. Three quarters of the kids who smoke come from families where one or both parents smoke. Close friends who smoke can also influence young people to start smoking. One reason is to appear grown-up or sophisticated. Pressures to be independent - or conversely, to fit in with the crowd - are also linked with smoking. Advertising via billboards, magazines and newspapers constantly recruits new smokers. Although the tobacco industry denies that its advertising targets children, ads appear in magazines with large youthful readerships. Billboard advertisements reach young children even before they can read. These ads equate smoking with youth, adventure, physical prowess, daring, sex, sophistication, glamour, fun and, ironically enough, health.

Are there gender differences?

The 1987 Massachusetts study showed that girls consistently smoked more than boys, starting as early as the sixth grade. Average age for first use of tobacco for both girls and boys was 10 years old. Nationwide, young women are more likely to smoke than young men. Among college freshmen, the female to male ratio of smokers is 2 to 1. Girls and young women seem to be more influenced than boys and young men by the idea of smoking as a means of weight control. Again, advertising promotes a strong cosmetic lure for young females to smoke.

Are there ethnic differences?

Although more Black, Hispanic and Asian students try cigarettes at an early age, white students have the highest percentage (27%) of smokers according to the Massachusetts study.

Does smoking relate to grade averages?

Smoking is more prevalent among students with lower grades: 41.7% of students in the C-F range smoke, compared to 9.8% of those in the A-B range, according to a study of tobacco and alcohol use conducted by the Massachusetts Department of Public Health. A similar inverse relationship is seen in studies of students' self-esteem: the lower a student's self-esteem, the more likely she or he is to smoke.

Just how many young people smoke?

According to the Surgeon General's report, approximately one million teenagers smoke cigarettes. It is estimated that one in five U.S. high school seniors smokes on a daily basis. In the 1987 Massachusetts survey, 31% of the females and 20% of the males reported smoking.

Are students receptive to nonsmoking messages?

Just knowing the facts about smoking and health risks does not deter adolescent smoking. However, younger students are more receptive to nonsmoking messages. Early education, beginning in the first grade, to prevent smoking would seem most effective in striving toward the goal of achieving a smoke-free Class of 2000.

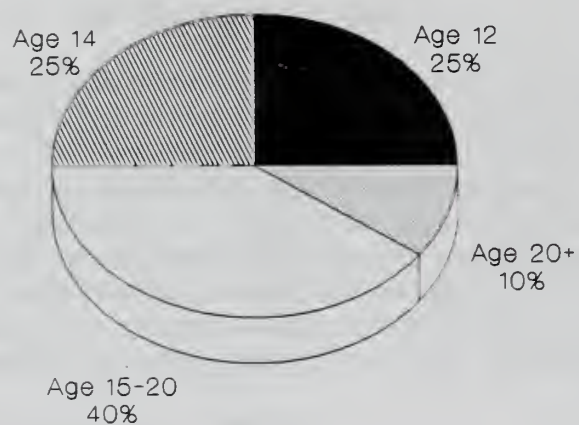
Where can you get more information?

Massachusetts Department of Public Health
Office for Nonsmoking and Health (617) 727-0732

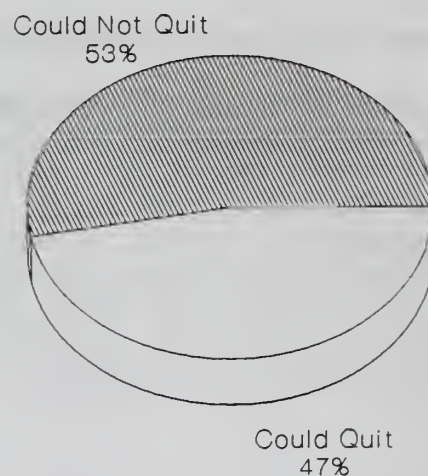
April 1989

High School Tobacco Use

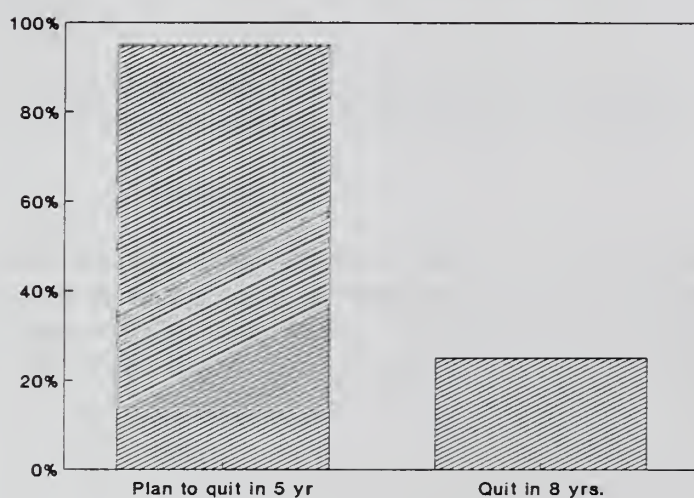
Early Tobacco Use



High School Students Tried to Quit but Failed



High School Daily Smokers



Source: HHS High School Senior Survey

PUBLIC HEALTH FACT SHEET

Secondhand Smoke (Environmental Tobacco Smoke)

Massachusetts Department of Public Health, 150 Tremont Street, Boston, MA 02111, (617) 727-0049, Deborah Prothrow-Stith, M.D., Commissioner

What is secondhand smoke?

Secondhand smoke (also called environmental tobacco smoke or ETS) is a combination of exhaled smoke and the smoke from the burning end of a cigarette, cigar or pipe. Breathing secondhand smoke is called involuntary smoking or passive smoking.

Is secondhand smoke dangerous?

Yes. The chemical composition of smoke inhaled by active and passive smokers is similar. However, secondhand smoke is created at a lower temperature so it actually contains more of some harmful chemicals, including cancer-causing agents called carcinogens.

How does passive smoking compare with active smoking?

A nonsmoker obviously breathes less tobacco smoke than a smoker inhales. However, an involuntary smoker often inhales the equivalent of one to three cigarettes per day. Nonsmokers in a very smoky room for one hour can inhale as much cancer-causing N-nitrosamine as they would by smoking 10 to 15 cigarettes.

What health problems can secondhand smoke cause?

Secondhand smoke can cause allergies; cancer, including lung cancer; and respiratory disease, especially in children whose parents smoke and in people who already have lung problems. It can aggravate heart disease and irritate the eyes, nose, throat and airways. A nonsmoker exposed to the smoke of 20 cigarettes per day has twice the risk of lung cancer compared with someone exposed to no cigarette smoke. Every year up to 5,000 nonsmokers die of lung cancer due to secondhand smoke.

Will moving away from a smoker lower exposure?

It may. However, smoke spreads throughout an entire room or other enclosed airspace within an hour. In the home, the presence of even one smoker can create a significant amount of secondhand smoke. According to the 1986 Surgeon General's report, "The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke."

How effective are air cleaning systems?

Currently there is no cost-effective filtering system for removing tobacco smoke from the air. Because of their tiny size, smoke particles remain suspended in the air for a long time. The only way to remove smoke from indoors is to exchange indoor air with clean outdoor air. If smoking is permitted, many more air exchanges are required per hour than if smoking is prohibited.

Does state law limit smoking?

State law prohibits smoking in:

- public elevators
- retail food outlets
- polling places
- school buses
- open meetings of governmental bodies
- supermarkets
- courtrooms
- town meetings
- public mass transit vehicles and enclosed indoor or outdoor waiting areas

Smoking is allowed only in designated areas in:

- museums
- hospital lobbies
- trains
- restaurants with 75 or more seats
- colleges and universities
- group child care centers
- public buildings
- libraries
- nursing homes
- airplanes
- courthouses
- airport waiting areas
- school-aged day care centers
- schools

A smoking area can be designated only if there is also an area large enough for nonsmokers. The law does not require that smoking be allowed.

State law also gives local boards of health the authority to adopt more restrictive smoking regulations in public places such as:

- government buildings
- schools
- sports arenas
- lobbies or reception areas such as those in banks
- restaurants
- health care facilities
- lecture halls
- retail stores

Is there public support for limiting smoking?

Yes. The results of a 1986 national poll showed that 94% of those surveyed (smokers and non-smokers) agreed that public spaces should have no-smoking sections. A 1986 Massachusetts Department of Public Health survey showed that 67% of those responding favored restricting smoking in the workplace, and 88% favored banning or limiting smoking in restaurants.

Can an employer limit smoking during work hours?

Yes. Employers can write a smoking policy which states when and where smoking is allowed. An employer can prohibit smoking entirely in company facilities and in company-owned vehicles.

Where can I get more information?

Massachusetts Department of Public Health
Office for Nonsmoking and Health (617) 727-0732

Your local board of health

Listed in the telephone book under local government

May 1988

MASSACHUSETTS PRIMARY PREVENTION CENTERS

The Primary Prevention system is designed to reduce the problems associated with the abuse of alcohol and other drugs in our society. The goal is to create and reinforce conditions that promote healthy behaviors and lifestyles.

The eight regional primary prevention centers facilitate community development and provide consultation and technical assistance, training and education, public information and awareness programs and multimedia resources to individuals and community organizations and groups in specifically targeted regions.

Prevention services include:

COMMUNITY DEVELOPMENT: to create and support comprehensive community prevention systems by engaging individuals and diverse groups in multiple systems to effect change and to coordinate multiple strategies- providing information, enhancing competencies, promoting alternatives, and influencing social policy.

CONSULTATION AND TECHNICAL ASSISTANCE: to promote skills and resources for the development of effective prevention programs. The Centers are a resource for individuals and groups who are planning, implementing and evaluating local prevention programs.

TRAINING AND EDUCATION: to provide alcohol and other drug information and develop competency skills and strategies to implement prevention programs.

PUBLIC INFORMATION AND PUBLIC AWARENESS: to facilitate the development of comprehensive prevention programming by presentations at community forums and utilization of the printed and electronic news media to disseminate information about the principles and practices of prevention.

MULTIMEDIA ALCOHOL AND OTHER DRUG RESOURCE LIBRARY: to provide films, videos, curricula, books, journals and pamphlets for loan and to transfer information through statewide and national Electronic Bulletin Board Services to the general public and community organizations and groups.

REGIONAL PRIMARY PREVENTION CENTERS

WESTERN MA

Robert Kay, Director
Prevention One
Multi-Service Health, Inc.
76 Pleasant Street
Northampton, MA 01060
(413) 584-3880

SOUTHEASTERN MA

Joel Urdang, Director
AFR/Pathways Prevention Center
71 Christa McAuliffe Blvd.
Plymouth, MA 02360
(508) 747-0755

CENTRAL MA

Kirsten Martin, Director
Tri-Prevention First
100 Grove Street
Worcester, MA 01605
(508) 752-8083

NORTH SHORE

Reva Kleppel, Director
Prevention Services
Center for Addictive Behaviors
27 Congress Street
Salem, MA 01970
(508) 745-8890
1-800-334-5512

MERRIMAC VALLEY

Donna Warner, Director
The Psychological Center's
Prevention Network
488 Essex Street
Lawrence, MA 01841
(508) 685-1337

GREATER BOSTON (SUFFOLK)

Margie Henderson, Director
The Prevention Center
The Medical Foundation
95 Berkeley Street
Boston, MA 02116
(617) 451-0049

METRO BOSTON (SO. MIDDLESEX)

Janice Durham, Director
Mount Auburn Hospital
Prevention and Training Center
24 Crescent Street., Suite 301
Waltham, MA 02154
(617) 893-0111

METRO BOSTON (NORFOLK)

Cheryl Gayle, Director
Prevention Resources
South Shore Council on Alcoholism
10 Kearney Street
Needham, MA 02192
(617) 449-8823

For Additional Information, Contact:

John Dunphy or Cynthia Chace-McNiel
Prevention Services
Bureau of Substance Abuse Services
150 Tremont Street, Sixth Floor
Boston, MA 02111
(617) 727-1960

WESTERN MASSACHUSETTS

PREVENTION ONE (413) 584-3880

Provides prevention services to these communities:

Adams	Agawam	Alford	Amherst
Ashfield	Athol	Becket	Belchertown
Bernardston	Blandford	Buckland	Charlemont
Cheshire	Chester	Chesterfield	Chicopee
Clarksburg	Colrain	Conway	Cummington
Dalton	Deerfield	Easthampton	East Longmeadow
Egremont	Erving	Florida	Gill
Goshen	Granby	Granville	Great Barrington
Greenfield	Hadley	Hampden	Hancock
Hatfield	Hawley	Heath	Hinsdale
Holyoke	Huntington	Lanesboro	Lee
Lenox	Leverett	Leyden	Longmeadow
Ludlow	Middlefield	Monroe	Monson
Montague	Monterey	Montgomery	Mt. Washington
New Ashford	New Marlboro	New Salem	North Adams
Northampton	Northfield	Orange	Otis
Palmer	Pelham	Peru	Petersham
Phillipston	Pittsfield	Plainfield	Richmond
Rowe	Royalston	Russell	Sandisfield
Savoy	Sheffield	Shelburne	Shutesbury
South Hadley	Southampton	Southwick	Springfield
Stockbridge	Sunderland	Tolland	Tyringham
Ware	Warren	Warwick	Washington
Wendell	Westfield	Westhampton	West Springfield
West Stockbridge	Whately	Wilbraham	Williamsburg
Williamston	Windsor	Worthington	

TRI-PREVENTION FIRST (508) 752-8083

Provides prevention services to these communities:

Ashburnham	Ashby	Auburn	Ayer
Barre	Bellingham	Berlin	Blackstone
Bolton	Boylston	Brimfield	Brookfield
Charlton	Clinton	Douglas	Dudley
East Brookfield	Fitchburg	Granklin	Gardner
Grafton	Groton	Hardwick	Harvard
Holden	Holland	Hopedale	Hubbardston
Lancaster	Leicester	Leominster	Lunenburg
Medway	Mendon	Milford	Millbury
Millville	New Braintree	North Brookfield	Northbridge
Oakham	Oxford	Paxton	Pepperell
Princeton	Rutland	Shirley	Shrewsbury
Southbridge	Spencer	Sterling	Sturbridge
Sutton	Templeton	Townsend	Upton
Uxbridge	Wales	Webster	West Boylston
West Brookfield	Westminster	Winchendon	Worcester

MERRIMACK VALLEY

THE PSYCHOLOGICAL CENTER'S PREVENTION NETWORK (508) 685-1337

Provides prevention services to these communities:

Amesbury	Andover	Billerica	Boxford
Chelmsford	Dracut	Dunstable	Georgetown
Groveland	Haverhill	Kingsborough	Lawrence
Lowell	Merrimac	Methuen	Newbury
Newburyport	North Andover	Rowley	Salisbury
Tewksbury	West Newbury	Westford	

NORTH SHORE

PREVENTION SERVICES, CENTER FOR ADDICTIVE BEHAVIORS (508) 745-8890 1-800-334-5512

Provides prevention services to these communities:

Beverly	Danvers	Essex	Gloucester
Hamilton	Ipswich	Lynn	Lynnfield
Malden	Manchester	Marblehead	Medford
Melrose	Middletown	Nahant	North Reading
Peabody	Reading	Rockport	Salem
Saugus	Stoneham	Swampscott	Topsfield
Wakefield	Wenham		

METRO BOSTON

(SOUTH MIDDLESEX)

THE MOUNT AUBURN PREVENTION AND TRAINING CENTER

(617) 893-0111

Provides prevention services to these communities:

Action	Arlington	Bedford	Belmont
Boxboro	Burlington	Cambridge	Carlisle
Concord	Lexington	Lincoln	Littleton
Maynard	Somerville	Stow	Waltham
Watertown	Wilmington	Winchester	Woburn

(NORFOLK)

PREVENTION RESOURCES SOUTH SHORE COUNCIL ON ALCOHOLISM

(617) 449-8823

Provides prevention services to these communities:

Ashland	Braintree	Canton	Cohasset
Dedham	Dover	Foxboro	Framingham
Hingham	Holbrook	Holliston	Hopkinton
Hudson	Hull	Marlboro	Medfield
Millis	Milton	Natick	Needham
Newton	Norfolk	Northboro	Norwell
Norwood	Quincy	Randolph	Scituate
Sharon	Sherborn	Southboro	Sudbury
Walpole	Wayland	Wellesley	Westboro
Weston	Westwood	Weymouth	Wrentham

BOSTON (SUFFOLK)

THE PREVENTION CENTER, THE MEDICAL FOUNDATION

(617) 267-8553

Provides prevention services to these communities:

Boston	Brookline	Chelsea	Revere
Winthrop			

SOUTHEASTERN MASSACHUSETTS

AFR/PATHWAYS PREVENTION CENTER

(508) 747-0755

Provides prevention services to these communities:

Abington	Acushnet	Attleboro	Avon
Barnstable	Berkeley	Bourne	Brewster
Bridgewater	Brockton	Carver	Chilmark
Dartmouth	Dennis	Dighton	Duxbury
East Bridgewater	Estham	Easton	Edgartown
Fairhaven	Falmouth	Fall River	Freetown
Gay Head	Gosnold	Halifax	Hanson
Harwich	Kingston	Lakeville	Mansfield
Marion	Marshfield	Mashpee	Mattapoissett
Middleboro	Nantucket	New Bedford	North Attleboro
Norton	Oak Bluffs	Orleans	Pembroke
Plainville	Plymouth	Plympton	Provincetown
Raynham	Rehoboth	Rochester	Rockland
Sandwich	Seekonk	Somerset	Stoughton
Swansea	Taunton	Tisbury	Truro
Wareham	Wellfleet	West Bridgewater	Westport
West Tisbury	Whitman	Yarmouth	

GOVERNOR'S ALLIANCE AGAINST DRUGS MISSION SYNOPSIS

The Governor's Alliance Against Drugs is at the forefront of substance abuse prevention in Massachusetts, recognized as a national model. As the state's key facilitator in drug and alcohol abuse prevention, the Alliance provides top-to-bottom networking of programs and resources in this field. It offers technical assistance, training and advice to regional and community prevention efforts.

Massachusetts is blessed in that it is able to confront the tragedy of substance abuse with a wealth of expertise, energy and concern. As the primary focus of these resources, the Governor's Alliance is able to project them into every community in the Commonwealth.

In urban areas, the Alliance fosters and fortifies relations between schools and policies through programs, such as Project DARE. It continues to promote and establish drug-free school zones by raising awareness of the law. It helps schools and communities intervene early with young people who are at high risk due to drug dependency in their families, court involvement and other warning signals.

The Alliance identifies and evaluates the grassroots programs which specialize in prevention and early intervention, channeling funds and other assistance to those that are worthy. It has the capacity to replicate or expand programs that can demonstrate a record of success, at either the state or local level.

Eight prevention centers located around the state comprise a base from which the frequently underrated problem of suburban and rural substance abuse can be confronted. These centers serve as links between the state's prevention efforts and its smallest communities, offering a platform from which Executive-level programs and priorities can be projected.

The Alliance plans and executes media and community events around the state on the theme of substance abuse prevention, providing the Governor with an appropriate and highly relevant forum for addressing this vital subject.

Having established prevention education programs in the schools of virtually every community in the state, the Governor's Alliance is targeting a new goal: To encourage the creation of local advisory councils which focus the energies of concerned residents upon the theme of substance abuse prevention. By bringing together community leaders in each of our cities and towns, the Alliance hopes to open up isolated, underserved areas to the powerful methods of prevention which it has developed.

Finally, the Alliance is a vehicle for private-public partnership, attracting and channeling grants from foundations and corporate funding sources to prevention programs.

THE HISTORY OF THE CITY OF BOSTON

The history of the city of Boston is a subject of great interest and importance. It is a city of many centuries, and its history is a record of the growth and development of one of the most important cities in the world. The city has been the seat of many great events, and its history is a record of the progress of the human race. The city has been the home of many great men, and its history is a record of the achievements of the human mind. The city has been the center of many great movements, and its history is a record of the struggles of the human spirit. The city has been the birthplace of many great ideas, and its history is a record of the progress of the human race. The city has been the home of many great men, and its history is a record of the achievements of the human mind. The city has been the center of many great movements, and its history is a record of the struggles of the human spirit. The city has been the birthplace of many great ideas, and its history is a record of the progress of the human race.

COMMONWEALTH OF MASSACHUSETTS

William F. Weld
Governor

David P. Forsberg
Secretary of Human Services

David H. Mulligan
Commissioner of Public Health

Gregory N. Connolly, D.M.D.
Director of Office for Nonsmoking and Health

July 1989
Revised September 1991

Additional copies available from:

Massachusetts Department of Public Health
Office for Nonsmoking and Health
150 Tremont Street
Boston, MA 02111

(617) 727-0732

